DEATHS

BEGINNING 1910

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE: Certificate of Death

2. Form No. if available:

3. Type—(cards, paper, etc.): Bound Book

4. Dates:

5. Volume accumulated yearly:

6. Size of Record: Misc.

7. Number of copies made: One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period

a. In Dept: 12 yrs.

b. In Storage Center: Micro. Perm.

c. Total: 12 yrs. and Micro. Perm.

10. Equipment and space freed:

11. In your opinion does this record have any historical significance?

YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center: Microfilm Permanent

c. Total: 12 yrs. and Microfilm Permanent

14. Disposal Method

A. [ ] To be sold as scrap or waste paper

B. [X] To be Burned or shredded

C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C. P. Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

ec.—1-12-23—M&T—500 Blks.

89791 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89791

CERTIFICATE OF DEATH. V 82-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 306 E. 23½ St. 12-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eular Thomas

(a) RESIDENCE No. 306 E. 23½ ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Thomas

DATE OF BIRTH (month, day, and year): 1887

AGE: Years 46 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Lincoln co Ga.

NAME OF FATHER: Ryas Lewis

BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

MAIDEN NAME OF MOTHER: Sarah Spires

BIRTHPLACE OF MOTHER (city or town) (State or country): Ga.

Informant: John Thomas

Address: 306 E. 23½ St Huntington Tidewater, N.

Filed 4 24 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 19 33

17

I HEREBY CERTIFY, That I attended deceased from April 10, 19 33, to April 22, 19 33,

that I last saw h[illegible] alive on April 22, 19 33

and that death occurred, on the date stated above, at 11:10 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Johnson M. D.

19 (Address) 2329 Jefferson.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvery Cem

DATE OF BURIAL: 4-25 19 33

UNDERTAKER: Byrom Mamie W. Wright

ADDRESS: 1218 McCulloh St

E 89792

89792

HEALTH DEPARTMENT—CITY OF BALTIMORE

V. 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 E Monument St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susie Franklin

(a) Residence: No. 1626 E Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Chas. Franklin

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 50	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning around Hospitals

10. Date deceased last worked at this occupation (month and year) 2 mos

11. Total time (years) spent in this occupation 12 yrs

BIRTHPLACE (city or town) (State or country) Monkton Md

13. NAME Moses Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Hall

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Grace Hall (daughter)
(Address) 1626 Monument st

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4-24-1933

UNDERTAKER Bryant Maggie W. Wright
(Address) 1217 Fine & Lerry St

FILED ..... 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933 to April 20, 1933

I last saw her alive on April 20, 1933. Death is said to have occurred on the date stated above, at 1140 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Feb 19 33
Other contributory causes of importance: Pneumonia Duo Nephritis and Hypertension	

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1724 E Monument st

D. B. 1268-9

9793 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89793

CERTIFICATE OF DEATH

V 131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 407 N. Spring St. 5-01 Ward)

gth of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mattie Lee Diggs

(a) Residence: No. 407 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	black	married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen T. Diggs

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Va.

NAME Wesley Forest

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Mary Huggins

BIRTHPLACE (city or town) (State or country) Va

FORMANT Lillie Diggs
Address) 407 N. Spring St

RIAL, CREMATION, OR REMOVAL

lace Johns Hopkins Date 4/24/33

DERTAKER Edward Bryan
Address) 1631 Eutaw Pl

ED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
Probably Chr Nephritis	??

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. H. Mason Coroner . M. D.

(Address) 508 E Fayette

ec.—8-16-29—L. F. S.—100 Bks.

89794

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001 E 89794

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 817 Appleton ST. 16-01 WARD)

2—FULL NAME Mrs Emanuela A. Bailey

(a) RESIDENCE NO. 824 Appleton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. W. Bailey

TE OF BIRTH (month, day, and year) Nov. 1st 1838

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
95	—	29	

UPATION OF DECEASED

Trade, profession or ticular kind of work Housework

General nature of industry, iness, or establishment in ich employed (or employer) Home

Name of employer —

THPLACE (city or town) Towson
ate or country) Md.

NAME OF FATHER — Darsie

BIRTHPLACE OF FATHER (city or town) Towson
(State or country) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Md.

nformant E. A. Gravell

Address) 410 E. 20th St

...iled ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 25 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr. 8 1930, to Mar. 25 1933,

that I last saw h[er] alive on Mar. 25 1933

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Fell & fracture of right hip (Senile)

... (duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary) Old age & Cerebral arterio sclerosis

... (duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted —
If not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) E. A. Gravell M. D.

3/30, 1933 (Address) 1645 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul M. E. Granite Ma. Cem.

DATE OF BURIAL Mar 25 1933

20 UNDERTAKER Philip Henry

ADDRESS 2016 Arlington

M. D. B. 1268-9

E 89795

89795 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 30

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 19-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Wilson Foster

(a) Residence: No. 1505 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	Col	Married

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm.

DATE OF BIRTH (month, day, year) 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Wm. Wilson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Ella Bump
(Address) 701 N. Carrollton

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/25/1933

UNDERTAKER Geo. E. Bollman & Bro.
(Address) 1763 Druid Hill Ave

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22- 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1- 1933 to 4-22- 1933
I last saw her alive on 4-22- 1933 Death is said to have occurred on the date stated above, at 11¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	4/18
Intussusception of Bladder	1/19/33
of Kidney	

Other contributory causes of importance:

Name of operation Laparotomy & drainage of [illegible] 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) state also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Jackson M. D.
(Address) 609 N. Arlington Ave

D. B. 1268-9

89796 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89796

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 E. Chase St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George R. Knopp

(a) Residence: No. 2239 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Knopp

6. DATE OF BIRTH (month, day, year) May 15/1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10. NAME Samuel P. Knopp

BIRTHPLACE (city or town) (State or country) York, Pa.

11. MAIDEN NAME Mary E. Sanders

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. INFORMANT Josephine Knopp
(Address) 2239 E. Chase St

13. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date April 24, 1933

14. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

Date April 24 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John Bauer, M. D.
Coroner

(Address) 508 E Howard me

M. D. B. 1268-B

89797 HEALTH DEPARTMENT—CITY OF BALTIMORE 89797

CERTIFICATE OF DEATH

V 95-002

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 S. Curley St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothea Neserke

(a) Residence: No. 1113 S. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Neserke

7. DATE OF BIRTH (month, day, year) Feb. 15 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Piston

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Mary Neserke

(Address) 1113 S. Curley St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date April 25 1933

UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

FILED 19 Registrar

4-24-1933 E.R.G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to April 22, 33

I last saw h[er] alive on April 21, 1933. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual

Other contributory causes of importance:

Cardiovascular	Gradual

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

4/22/33 (Signed) Horace B Tilton M. D.

(Address) 310 S. Highland Ave

M. D. B. 1268-9

E 89798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89798

Registered No. 54-00 E 89798

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 13-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louise Layfield

(a) Residence: No. 4123 Roland Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

DATE OF BIRTH (month, day, year) 4-27-98

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan. 1933

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) md

12. NAME Thomas Gantt

13. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Clara Lyles

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Brooks, Columbia Date Apr 29 1933

UNDERTAKER Walter B. Griggs Sr.
(Address) 1394 Hamlin St.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933 to Apr 22, 1933 Last saw her alive on Apr 22, 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Peritonitis, acute following operation for myoma of uterus.

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation Hysteromyomectomy Date of 4-10-33

What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dean Q. Clark M. D.

(Address) Johns Hopkins Hospital

89799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89799

94-001 E 89799

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 E. 30th ST., 9-01 WARD)

2-FULL NAME Cecelia J. Gallagher

(a) RESIDENCE NO. 1811 E. 30th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred NT yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Edward Gallagher

6 DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Balto. Md.

9 NAME OF FATHER John Langan

10 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

11 MAIDEN NAME OF MOTHER Catherine Garan

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

13 Informant (Address) Edward Gallagher 1811 E. 30th St.

Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/22/ 1933

17 I HEREBY CERTIFY, That I attended deceased from April 15 1933, to April 22 1933, that I last saw her alive on April 21 1933, and that death occurred, on the date stated above, at 8.30 a m

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Gustav C. Thieme, M. D.

, 19 (Address) 16 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: April 22, 33

20 UNDERTAKER: J. W. Ozgenski ADDRESS: 1930 Eastern Ave

H. D. B. 1268-9

E 89800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89800

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3545 Keswick St. 22 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hedwig Strang

(a) Residence: No. 2108 Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Winfield A. Strang

DATE OF BIRTH (month, day, year) June 30-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Trendtel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Klukwood

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert - Strang

(Address) 2108 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 4/24/33

19. UNDERTAKER F. B. Wickert & Son

(Address) 1300 Eutaw Place

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 5 1933 to April 21 1933.

I last saw her alive on April 21 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Several years
Other contributory causes of importance: Angina Pectoris	2 Hours

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Amelia E. Link M. D.

(Address) 1717 N. Caroline St.

H. D. B. 1268-9

E 89801

9801 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 N. Laurale St. 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Riley

(a) Residence: No. 2925 N Laurale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Wm. Riley

DATE OF BIRTH (month, day, year) Nov. 19-1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46.	5	3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME OF FATHER John Wm. Riley

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME OF MOTHER Elizabeth Dreibelbis

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT John Wm. Riley

(Address) 2925 N. Laurale St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery 4/20 19

UNDERTAKER F. B. Shubert & Son

(Address) 1324 Eutaw Place

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1932 to April 22, 1933

I last saw her alive on April 22, 1933 Death is said to have occurred on the date stated above, at 1 - P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis + endocarditis	about 2 years ago.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

D. B. 1269-9

9802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89802

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH Church Home Infirmary

CITY OF BALTIMORE (No. N. Broadway St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Mr. Henry Hoehn

(a) Residence: No. 10 N. Kresson St. (Usual place of abode) St., .. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of Mrs. Dora Hoehn (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 9 1869

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
63	63	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cockran Hill

10. Date deceased last worked at this occupation (month and year) April 1933 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Hoehn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Dora Hoehn (Address) 10 N. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cemetery Date April 26 1933

19. UNDERTAKER Edward Cook (Address) 1003 E. Baltimore St.

FILED ..... 19.. .. .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21 1933 to April 22 1933

I last saw him alive on April 22nd 1933 Death is said to have occurred on the date stated above, at 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 22, 1933
Broncho-Pneumonia	April 21, 1933
Other contributory causes of importance:	
General Arteriosclerosis	?
Hypertension	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury .., 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Hobart Young M. D.

(Address) Church Home & Infirmary

Rec.—1-12-23—M&T—500 Blks.

89803

HEALTH DEPARTMENT—CITY OF BALTIMORE E 89803

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217. Augusta St. 20-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa M. Korn (Louisa M. Korn)

(a) RESIDENCE NO. 217. Augusta Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced (HUSBAND of or) WIFE of J. Phillip Korn

DATE OF BIRTH (month, day and year) May 29, 1856			
AGE	Years	Months	Days
	10		25

If LESS than 1 day, hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Fond du Lac Wisconsin

NAME OF FATHER Frederick Wollman

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Louisa M. Schroeder

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant J. Phillip Korn

(Address) 217. Augusta Ave.

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-23 1933.

17 I HEREBY CERTIFY, That I attended deceased from Jan-7- 1926. to April-23 1933.

that I last saw her alive on April 13 1933.

and that death occurred, on the date stated above, at 2.A.m.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension & Myocarditis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Years of observation

(Signed) S. Lloyd Johnson M. D.

4-23 1933 (Address) 720 Rhedarick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Md DATE OF BURIAL Apr. 26 1933

20 UNDERTAKER Rose & Cook ADDRESS 1003 N. Eutaw St

D. B. 1268-9

89804

HEALTH DEPARTMENT—CITY OF BALTIMORE

89804

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 12-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lewis Johns

(a) Residence: No. 2114 Oak St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed or divorced WIFE of (or) HUSBAND of Margaret Johns

DATE OF BIRTH (month, day, year) Apr. 1, 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45		19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spooler

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Mt. Michaels Md.

10. NAME OF FATHER Levin Johns

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME OF MOTHER Mary Bailey

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Hospital Records

(Address) Md Gen. Hosp.

15. BURIAL, CREMATION, OR REMOVAL 4/25/33

Place Mt Carmel Cem Date April 25, 1933

16. UNDERTAKER Leland Easton

(Address) 1811 Pierce

FILED 4-24 1933, 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1933 to 4-20 1933

I last saw h alive on 4-20 1933 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Cardio-Vascular Disease	?
Other contributory causes of importance:	
Pulmonary Edema	4-19

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. Pearce M. D.

(Address) Md. Gen. Hospital

D. B. 1265-9

89805 E 89805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-24 Ward)

Length of residence in city or town where death occurred 35 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Wilkins

(a) Residence: No. 1120 Hanlicoke St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 10th 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	5	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England

NAME Geo E Wilkins

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs John C. Cooke

(Address) 1120 Hanlicoke St

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 4/25/33

UNDERTAKER John J Edwards Son

(Address) 1911 Wallbrook St

FILED 41333 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1933, to April 22, 1933

I last saw h... alive on April 22, 1933. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 6
Other contributory causes of importance: Acute Nephritis	April 15

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Saunders Jr. M. D.

(Address) University Hospital

D. H. 1268-9 E89806 ✓ E89806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

rth of residence in city or town where death occurred ...yrs. ...mos. ...dys. How long in U. S. If of foreign birth? ...yrs. ...mos. ...dys.

FULL NAME William Osbourne

(a) Residence: No. Udell Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Charles Co Md
(State or country)

NAME

BIRTHPLACE (city or town) Near Pomonkey
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)
(State or country)

FORMANT
Address)

RIAL, CREMATION, OR REMOVAL
Place Immanuel of Md Date April 24 19 33

DERTAKER
Address)

LED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933, to March 26, 1933.

I last saw h[illegible] alive on March 26, 1933. Death is said to have occurred on the date stated above, at 3 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Cardiac Decompensation	
Other contributory causes of importance:	
Lobar Pneumonia	March 18 '33
Bronchopneumonia	March 18 '33

Name of operation ..... Date of .....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. J. Saunders Jr. M. D.

(Address) University Hospital

M. D. B. 1268-0

9807

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89807

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N Fulton St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hissey

(a) Residence: No. 614 N Fulton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Laura V. Hissey

DATE OF BIRTH (month, day, year) Sept 2 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Hissey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ann McManus

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs. Laura V. Hissey

(Address) 614 N Fulton

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Apr 24 1933

Undertaker Geo. C. Conrad & Son

(Address) Eutaw & Lanvale Sts.

FILED ... 19... Registrar.

APR 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931 to Apr 23, 1933

I last saw him alive on Apr 22, 1933 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
:	
Other contributory causes of importance:	
Senility	

Name of operation none Date of —

What test confirmed diagnosis Clinical? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. E. Shannon M. D.

(Address) 1000 Fulton Ave.

M. D. B. 1268-9

89808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3205 Howard Park Ave St.) (28-81 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Harrison Stires

(a) Residence: No. 3205 Howard Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	U.S.	Widowed

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Dayton Stires

DATE OF BIRTH (month, day, year) Sept 8-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Philadelphia Pa

13. NAME Samuel C Lamb

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

15. MAIDEN NAME Elizabeth Green Cook

16. BIRTHPLACE (city or town) (State or country) Trenton N J

INFORMANT Mrs Harrison Stires

(Address) 3205 Howard Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Interment Date Apr 26 1933

UNDERTAKER H. Leslie Jones

(Address) Baltimore Md

FILED Apr 26 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to Apr 23 1933

I last saw her alive on Apr 23, 1933. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	March 1932
Other contributory causes of importance:	
Myocarditis	about 6 mo.

Name of operation None Date of

What test confirmed diagnosis? Physical + Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nelson Duckett M. D.

(Address) 20 Barrington Rd

c. 2-29-28 L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 89809

89809

REGISTERED NO. .....

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 503 N. Vincent at ST., 19-21 WARD)

2—FULL NAME Robert Eure

(a) RESIDENCE NO. 503 N. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Colored	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah Eure

DATE OF BIRTH (month, day, and year) Jan 10 1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
76		11	

OCCUPATION OF DECEASED

Trade, profession or particular kind of work Laborer 040

General nature of industry, business, or establishment in which employed (or employer) Common Labor.

Name of employer Non Employed

BIRTHPLACE (city or town) State or country) Howard Co Md

NAME OF FATHER George Eure

BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Emma Richardson

BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

Informant Fannie Eure

(Address) 503 N. Vincent St.

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21. 33.

17 I HEREBY CERTIFY, That I attended deceased from April 15 1933, to April 21 1933.

that I last saw he alive on April 21 1933.

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows: Senile Debility / Nephritis

(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) J. T. Gunn M. D.

, 19 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL April 24 19 33

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 2220 Schroeder St.

M. D. B. 1268-9

E 89810 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89810

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646-Holbrook Street St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. ... ds.

2. FULL NAME Minnie Walpole

(a) Residence: No. 1646-Holbrook Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jack Walpole

DATE OF BIRTH (month, day, year) Dec. 18th, 1884

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	12	xxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Kate Meade

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Helen Grossman
(Address) 1646-Holbrook Street

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/26/33 19

UNDERTAKER [illegible]
(Address) [illegible]

FILED 4/26 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to April 21, 1933

I last saw her alive on April 8, 1933 Death is said to have occurred on the date stated above, at 7.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	2-7

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas A Schaefer M. D.

(Address) 2903 Echodale Ave

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89811

Registered No. 89811

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 22-84 Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Wiener

(a) Residence: No. 4443 Newport Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 14 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Wiener

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Hilda Goldbright

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. College Date April 24 1933

UNDERTAKER
(Address)

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933 to April 15, 1933

I last saw her alive on April 15, 1933 Death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/14

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dan E Kuttner, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89812

89812

126

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael Jarmuz

(a) Residence: No. 3036 Boston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Josephine

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Michael

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Josephine

15. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records Balto City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 24, 1933

UNDERTAKER

(Address) Washington Funeral Home

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 33

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1932 to 4-20, 33

I last saw him alive on 4-20, 1933 Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis and cholelithiasis acute with pancreatitis acute	4-15-33
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

4-20-33 (Signed) Elmer Heichberger Jr. M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89813 E 89813

CERTIFICATE OF DEATH

Registered No. 43-003

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Baltimore Md St. [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mae Wilbur Richards
(a) Residence: No. 3 Upton Home, Edmondson Ave St., and Nursery Lane Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —
12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?
INFORMANT Rev. Balto. (Address) ct Hospitals
BURIAL, CREMATION, OR REMOVAL Place University of Md Date Jan 24 1933
UNDERTAKER (Address)
1933 Hamilton Robbins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21 1933
22. I HEREBY CERTIFY, That I attended deceased from 5-27 1932 to 4-21 1933
I last saw her alive on 4-21 1933 Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, Arteriosclerotic	?
Other contributory causes of importance: Bronchopneumonia	4-16-33

Name of operation None. Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —
4-27-33 (Signed) Elmer Hitchcock M. D.
(Address) Balto. ct Hospitals

M. D. B. 1268-9

Frank (Franciszek) Werner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 89814

89814

Registered No.

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No.) ..... St., ... (Ward) D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank Werner (Franciszek)

(a) Residence: No. 811 S Glover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Frances Werner

DATE OF BIRTH (month, day, year) 1-23-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Jas Werner

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Herezy

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Ss Peter & Paul Cem Date April 26, 1933

UNDERTAKER Stephen Fialkowski INC

(Address) 1060 N. Kenwood ave

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1932 to 4-22, 1933

I last saw him alive on 4-22, 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma rectum	
Secondary Anemia	1932

Other contributory causes of importance:

1	

Name of operation Colostomy Date of 11/10/32

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Gray Schaefer M. D.

(Address) Balto City Hosp

M. D. R. 1268-9

89815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89815

CERTIFICATE OF DEATH

12-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Chas Tellau (Christian)

(a) Residence: No. 814 N. Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elsie Tellau

DATE OF BIRTH (month, day, year): May 13 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Ernest Tellau

14. BIRTHPLACE (city or town) (State or country): Balto.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Elsie Tellau

(Address): 814 N. Brice St

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: April 25 1933

UNDERTAKER: Chas. P. Evans Son

(Address): 1131 Mt Royal Ave

DATE: 1933 Washington Pittenger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23- 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7 1933 to April 23 1933

I last saw him alive on April 23 1933 Death is said to have occurred on the date stated above, at 12:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc Pulmonalis Terminal Stage	
Hemorrhage Cerebral	

Other contributory causes of importance:

Pulmonalis Tbc Sophenous Coronary Embolism

Name of operation Hemorrhage (cerebral) Date of 4/15/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Corator M. D.

(Address) St Agnes Hospital

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89816

CERTIFICATE OF DEATH

E 89816

159

Registered No.

1. PLACE OF DEATH Emergency Hosp St., 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St., ... Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Emergency

(a) Residence: No. 213 N Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Bl	Premature

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-18-33

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4 hrs	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore (Md.)

13. NAME Joseph Emmett

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mildred Peck

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date April 24, 1933

19. UNDERTAKER

(Address)

20. Filed 4-24-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-18-33. 19 . to 4-22-33. 19

I last saw him alive on 4-22-33. 19 . Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (32 wks)

Date of onset

Other contributory causes of importance:

Immaturity & atelectasis of Placenta

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis H. Kooglaw M. D.

(Address) Emerg. Hosp.

M. D. B. 1268-9

89817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89817

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Mrs. D.K. Carter Sanatorium (Bellevue Ave) St., 2 Ward) 1801

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Appolonia Phillips

(a) Residence: No. 5400 Ready ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Fmal	White	Widow

6. If married, HUSBAND (or) WIFE Francis Phillips

DATE OF BIRTH (month, day, year) Jan 16, 1843

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	3	8 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Adam Adams

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Frantz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs D. F. Redmiles

(Address) 118 Fst. S.E. Washington D.C.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 25, 1933

UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to April 22, 1933

I last saw h. alive on April 22, 1933. Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11 Yrs

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If denth was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Johnston M. D.

(Address) 7305 York Rd

M. D. B. 1268-9

HEALTH DEPARTMENT--CITY OF BALTIMORE

9818 E 89818

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Brighton St. 16-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert E. Cromwell

(a) Residence: No. 2918 Brighton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	married.

6. If married, widowed or divorced
~~Husband~~ of Ida. Cromwell
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 27-186

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no employer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME Wm H. Cromwell

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Elizabeth Frazer

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Ida. Cromwell

(Address) 2918 Brighton St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 4-25 19 33

UNDERTAKER G. E. Britton

(Address) Madison Ave & Fayette

FILED ..... 19 ..... Registrar

4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1933

22. I HEREBY CERTIFY, That I attended deceased from April. 20 1933 to April. 23 1933

I last saw him alive on April. 22 1933 Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/19/33

Other contributory causes of importance:

Chronic nephritis ?
Arteriosclerosis ?

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. A. Adkins M. D.

(Address) 2757 W. North ave.

4/23/33

M. D. B. 1268-9

E 89819

[redacted] HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89819

CERTIFICATE OF DEATH

1944 E [redacted]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Shakespear St. 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Miskiewicz

(a) Residence: No. 1625 Shakespear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unk.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Mrs. Ora Heizer Daughter

(Address) 117 S Chester St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 25 1933

UNDERTAKER W. Ozbunski

(Address) 1926 E Eastern Ave

Filed [illegible] 1933 Hamilton Indiana, N.T.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933 to April 22, 1933

I last saw him alive on April 21, 1933 Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-Pneumonia	4/17/33
Other contributory causes of importance: Severe Contusion & Internal Injuries of chest & Lung Fractured 6th & 7th ribs right side	3/27/33

Name of operation ..... Dates of .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/27, 1933

Where did injury occur? Baltimore, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Roberts Packing House

Manner of injury Boxes fell on chest

Nature of injury Contusion & Injuries chest & wall

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph G Laufkotter M. D.

(Address) 674 Washington Blvd

M. D. B. 1268-9

Southcomb

HEALTH DEPARTMENT—CITY OF BALTIMORE

89820

CERTIFICATE OF DEATH

53 E 89820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Ramsay St. St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha M. Southcomb

(a) Residence: No. 1520 Ramsay St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Southcomb

DATE OF BIRTH (month, day, year) Oct. 10, 1862.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore

(State or country)

13. NAME John T. Littlehand

14. BIRTHPLACE (city or town) .....

(State or country)

15. MAIDEN NAME Mary E. Trowlich

16. BIRTHPLACE (city or town) Baltimore

(State or country)

INFORMANT Charles H. Southcomb

(Address) 1520 Ramsay St.

BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

UNDERTAKER Harry A. Lutke

(Address) .....

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 . 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 1933 to April 22 1933

I last saw h. alive on April 22 1933 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis Nephritis	2 years
Sarcoma of uterus (Myoma)	6 yrs
Chr. Dilatation of Heart	2 days

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) E. S. Jones M. D.

(Address) 516 Eastern Ave

M. D. R. 1268-9

89821

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 E 89821

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Poplar Terrace St. 15-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl E. Babcock

(a) Residence: No. 3017 Poplar Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leo W. Babcock

DATE OF BIRTH (month, day, year) Dec. 30, 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Buffalo

15. MAIDEN NAME Patterson

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Leo W. Babcock

(Address) 3017 Poplar Terrace

BURIAL, CREMATION, OR REMOVAL

Place Terra Alta W. Va. Date 11/24 1933

UNDERTAKER Henry F. Kuethe

(Address) 1101 Edmondson Ave

FILED 4 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25th 1933 to Apr. 24 1933

I last saw her alive on Apr 24 1933 Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Peritonitis — Date of onset

Other contributory causes of importance:

Debility Resulting from Same

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. P. Byerly M. D.

(Address) 304 S.W. [illegible]

D. B. 1268-9

89822 HEALTH DEPARTMENT—CITY OF BALTIMORE 89822

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4227 Belmar Ave. St., 26-21 Ward)

Length of residence in city or town where death occurred, 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Margaret Oyeman

(a) Residence: No. 4227 Belmar Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F. Oyeman

7. DATE OF BIRTH (month, day, year) Feb. 3, 1854

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Contrum

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Caroline Kienzle

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Evaline Oyeman
(Address) 4227 Belmar Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Apr. 25, 1933

19. UNDERTAKER Frederick [illegible]
(Address) 7401 Belair Road

1933 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1933 to April 22, 1933

I last saw her alive on April 21, 1933 Death is said to have occurred on the date stated above, at 2:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Diffuse Nephritis	
(1927--probably earlier)	
Chr. Myocarditis	
(1927--probably earlier)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Williamson M. D.
A. L. Williamson M. D.

(Address) 5713 Belair Road

D. B. 1268-9

89823 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 108 E 89823

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3910 Gwinns Falls Parkway 15-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy May Bayliss,

(a) Residence: No. 3910 Gwinns Falls Parkway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) November 13.1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles A. Bayliss,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Katherine G. Shoemaker,

16. BIRTHPLACE (city or town) (State or country) Grafton W. Va.

17. INFORMANT Charles A Bayliss
(Address) 3910 Gwinns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date APR 25 1933 19

19. UNDERTAKER Sol Kuttler
(Address) 2700 Edmondson Ave.

APR 1933 Huntington Millware, N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 23 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 23 1933 to April 23 1933

I last saw her alive on April 23 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Combined Coronary & Broncho pneumonia (Both lungs) — Date of onset .....

Other contributory causes of importance: Cerebral Embolus

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. Wallace Grumer M. D.

(Address) 3300 Walbrook Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89824 E 89824

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 La Salle Ave Ward) 51 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jos. Bradley

(a) Residence: No. 4204 La Salle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Lena M. Bradley

DATE OF BIRTH (month, day, year) June 6 - 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Road Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Watertown N Y

13. NAME James Bradley

14. BIRTHPLACE (city or town) (State or country) N Y

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Lena M. Bradley

(Address) 4204 La Salle Ave

BURIAL, CREMATION OR REMOVAL Cremation

Date 4-25 1933

UNDERTAKER Leonard J. Ryder

(Address) 5305 Harford Rd

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932 to April 25 1933

I last saw h... alive on April 22, 1933 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatous metastasis through abd. & chest vertebrae & pelvic bones	1932 Sept 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael Rosenfeld, M. D.

(Address) 5401 Belair Rd

M. D. B. 1208-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89825

CERTIFICATE OF DEATH

131 E 89825

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Clifton Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Jordan

(a) Residence: No. 1737 Clifton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T. Jordan

DATE OF BIRTH (month, day, year) July 15-1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 ?	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Charles Jordan

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Anne Kennagh

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mary T. Colbert

(Address) 1536 Holbrook St.

BURIAL, CREMATION, OR REMOVAL

Ireland Memorial Park Date 4-24 1933

UNDERTAKER Leonard J. Ryan

(Address) 505 Hanford Rd.

1933 Washington Village, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21st, 1933 to Apr 22 1933.

I last saw him alive on Apr 22 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?

Other contributory causes of importance:

Chronic Nephritis
Chronic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. M. C. Coulter, M. D.

(Address) 1114 Hanford Rd.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89826

CERTIFICATE OF DEATH

115 E 89826

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Jos Hospital 10-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Mary E.

2. FULL NAME Mrs Hettie H Willden

(a) Residence: No. 1116 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edgar Willden

DATE OF BIRTH (month, day, year) June 17 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66		10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael Tim Gurney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Margaret A. Nickle

(Address) 4307 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL

Mt Cathedral Date 4-26 1933

UNDERTAKER Leonard J. Rock

(Address) 5202 Harford Rd

Filed 1933 Huntington Pettigrew, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1933 to April 23, 1933

I last saw h alive on April 23, 1933 Death is said to have occurred on the date stated above, at 2.30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic angina	
Sepsis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Blood Test Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Philip Cross M. D.

(Address) St. Joseph's Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

89827 E 89827

CERTIFICATE OF DEATH 124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 E. Giffings St., 24 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas H. Lowe

(a) Residence: No. 136 E. Giffings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If ~~married, widowed, or~~ divorced HUSBAND of ~~WIFE of~~ Anna Lowe

DATE OF BIRTH (month, day, year) May 5th 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) Aug 1932

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John H. Lowe

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Kate M. Blumenauer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Theresa Lowe

(Address) 2753 Laurens St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Apr 26th 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

Embalmer Hamilton Williams Registered No. 4243

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15 1933 to April 23 1933.

I last saw him alive on April 23 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
atrophic Arrhosis of Liver.	not known
Other contributory causes of importance:	
	about

Name of operation no Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J Edward Norris M. D.

(Address) 107 East west st.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89828

CERTIFICATE OF DEATH

50 E 89828

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 N. Charles St. 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth ___ yrs. ___ mos. ___ ds.

2. FULL NAME Emma McCubbin Myers

(a) Residence: No. 4108 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas A. Myers

DATE OF BIRTH (month, day, year) Oct. 29, 1866

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

12. NAME John David McCubbin

13. BIRTHPLACE (city or town) -------
(State or country) Maryland

15. MAIDEN NAME Annie Hall

16. BIRTHPLACE (city or town) -------
(State or country) Maryland

INFORMANT Mrs. Robert H. Simpson
(Address) 4108 N. Charles Street

BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 4/26 19 33

UNDERTAKER Henry U. Meakins and Son
(Address) 5 & W. Lexington Street

1933 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1932 to April 24th 1933.

I last saw her alive on April 23rd 1933. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1931
Other contributory causes of importance: Carcinoma of Stomach	Nov. 1932

Name of operation Amputation of Breast Date of Jan 1932

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ___ 19 ___

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Hubert E. Zepp M. D.

(Address) 3048 N. Monta Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89829

89829

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. (3-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 1 mos. 29 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Helen B. Lynch

(a) Residence: No. 1319 N. 42nd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Daniel A. Lynch

DATE OF BIRTH (month, day, year) 2/24/1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME OF FATHER Daniel Brown
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME OF MOTHER Catherine Mooney
16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Husband
(Address) 1319 N. 42nd St

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 4/26, 1933
UNDERTAKER Henry W. Meakins & Son
(Address) 805 N. Eutaw St. Huntington Terrace, Md.
..., 19... Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/16, 1933, to 4/23, 1933

I last saw h~~er~~ alive on 4/23, 19... Death is said to have occurred on the date stated above, at 3:10 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Carcinoma of Ascending Colon	
Other contributory causes of importance: Peri-colonic abscess	6 wks
Peritonitis	
Septicemia	

Name of operation Exploratory laparotomy, drainage of abscess Date of 4/22/33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Hefford, M. D.
(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9830

CERTIFICATE OF DEATH

E 89830

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Convent of Visitation 3901

CITY OF BALTIMORE: (No. 5712 Roland Ave. Roland Park Ward)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Sister Mary Basil Griffin.

(a) Residence: No. 5712 Roland Ave. Roland Park. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) Jan. 6, 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME Michael P. Griffin.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Sophia Ann ------

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Sister M. Paulina Fitzgerald

(Address) 5712 Roland Ave. Roland Park.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Apr. 25 1933

UNDERTAKER Henry W. Meurdon

(Address) 605 N. Calvert St.

FILED 1933 Hamilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 23 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932 to Apr. 1933

I last saw h... alive on Apr 22 . 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (probably Cerebral Thrombosis)	4/21/33
Other contributory causes of importance: Generalized Arteriosclerosis	8 yrs

Name of operation ..... Date of ....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Charles O'Donovan Jr. M. D.

(Address) 5 East Read St.

M. D. B. 1263-9

89831 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89831

CERTIFICATE OF DEATH

V 127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustave Rothholz

(a) Residence: No. 3304 Springdale Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowers

3. If married, widowed or divorced
HUSBAND of (or) WIFE of Ida Rothholz

DATE OF BIRTH (month, day, year) Nov. 11, 1853

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sponger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D86

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Moritz Rothholz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mr. M. Rothholz

(Address) Carlisle Penn.

BURIAL, (CREMATION, OR REMOVAL)

Place Balto. Meh. Gr. Date Apr. 25 1933

UNDERTAKER Laird Bondheim & Son

(Address) 1902 Eutaw Place

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to April 24, 1933.

I last saw him alive on April 24, 1933. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

Common duct stone with jaundice

Antemortem sepsis

Cardiac decompensation

Pulmonary Edema

Other contributory causes of importance:

Chronic Nephritis and Nephrosclerosis

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

89832

HEALTH DEPARTMENT—CITY OF BALTIMORE

89832

CERTIFICATE OF DEATH

51 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 12-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Abraham Rosenberg

(a) Residence: No. Temple Gardens Apts. Govansdale, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jeannie Rosenberg

DATE OF BIRTH (month, day, year) Sept. 16, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	66	7	~~28~~	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Washington, D.C.
(State or country)

13. NAME Henry Rosenberg

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Sarah Frank

16. BIRTHPLACE (city or town) Balto, Md.
(State or country)

INFORMANT Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Cem. Date Apr. 26, 1933

UNDERTAKER Baird Lendrum & Son
(Address) 1902 Eutaw Place

FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1933, to April 23, 1933

I last saw him alive on April 16, 1933 Death is said to have occurred on the date stated above, at 9:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	1926
secondary Ca of bladder	
Uremia	

Other contributory causes of importance:

Name of operation Suprapubic cystotomy Date of 2-7-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

89833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89833

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 C Federal St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Schroeder

(a) Residence: No. 1900 C Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Schroeder

7. DATE OF BIRTH (month, day, year) Not Known 1859

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Agustus Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Schroeder

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Caroline Fitzgerald

(Address) 1900 Federal St

BURIAL, CREMATION, OR REMOVAL

Place Holy Red Date April 27 33

UNDERTAKER Wm J Stein & Son

(Address) 1560 E Eutaw ave

FILED ... 19... ... Registrar.

APR 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933, to April 22, 1933.

I last saw h.. alive on April 22, 1933. Death is said to have occurred on the date stated above, at 5-05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-1933
Cachexia	

Other contributory causes of importance:

Carcinoma of breast & carcinomatosis	2 yrs dgn

Name of operation Radical mastectomy Date of 1932

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Samuel Leguon, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

John F. Mills Jr

89834 HEALTH DEPARTMENT—CITY OF BALTIMORE F 89834

CERTIFICATE OF DEATH V 99

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 022 Valley St (St.) 10-01 (Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Mills Jr

(a) Residence: No. 022 Valley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Jan. 27, 1887.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Jail

10. Date deceased last worked at this occupation (month, day, year) April 23/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John F. Mills Sr.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie S. McLaughlin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mr. John F. Mills Jr.

(Address) 022 Valley st

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 27, 1933

UNDERTAKER Edgar W. Corkran

(Address) 924 E. Eager St

FILED April 27 1933 Thomas E. Williams Registrar.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24 1933 to 4 a.m. April 24 1933 5 a.m.

I last saw him alive on April 24 1933. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion.	
Other contributory causes of importance Acute Indigestion Arterio Sclerosis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Mary F Vogelsen M. D.

(Address) 1028 Valley St

M. D. B. No. 89835

E 89835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp 7-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Lazaron

(a) Residence: No. Naylors Lane Pikesville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris S. Lazaron

DATE OF BIRTH (month, day, year) Dec. 19, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wheeling, W. Va.

13. NAME OF FATHER Louis Rothheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Clementine Rosenberg

16. BIRTHPLACE (city or town) (State or country) Wheeling, W. Va.

INFORMANT Rabbi M. S. Lazaron

(Address) Naylor Lane

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Apr 27, 1933

UNDERTAKER Harid Sondheim & Son

(Address) 1902 Eutaw Place

APR 25 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to April 25, 1933.

I last saw her alive on April 25, 1933. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	April 13
Septicaemia (Streptococcus)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A R Cohen M.D. M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89836 Dyn

V 35 E 89836

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Hodgson

(a) Residence: No. 615 N Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widowed

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) Aug 23 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 0

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Frank H Hale

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Elizabeth M Lee

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Beverly

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Johnson cemetery Date April 25 1933

UNDERTAKER Johnson & Edward Bryan

(Address) 1221 Orleans Street

Filed APR 25 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 19 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6 1933 to April 19 1933

I last saw her alive on April 9 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Post operative intestinal obstruction following Hysteromyomectomy, and right Salpingo-oophorectomy - Operation 4-8-33

Date of onset 4-10-33

Other contributory causes of importance:

Secondary anemia

Name of operation Hysteromyomectomy Date of 4-8-33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jas. H. Bloomer, Jr. M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

89837 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89837.

CERTIFICATE OF DEATH 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William O. Toadvin

(a) Residence: No. 112 Upton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bato. Md

13. NAME OF FATHER John H Toadvin

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME OF MOTHER Ada Euston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT J. W. Reddick
(Address) 1627 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hop Date 4/25/33

19. UNDERTAKER J. W. Reddick
(Address) 736 W. Biddle St

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

D. B. 1268-9

89838 HEALTH DEPARTMENT—CITY OF BALTIMORE 89838

CERTIFICATE OF DEATH V93-004

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1622 Carswell St. 9-01 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Cook

(a) Residence: No. 1622 Carswell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Mead Cook

7. DATE OF BIRTH (month, day, year) Oct 22/1861

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	0	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City 615

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Lawrence M. Cook

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Anna Gibbs

16. BIRTHPLACE (city or town) (State or country) Phila., Pa.

17. INFORMANT Margaret Mead Cook
(Address) 1622 Carswell St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Apr 26 1933

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

Apr 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
(Angina)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Bruns Coroner M. D.

(Address) 505 E North Ave

D. B. 1268-9

89839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89839

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead by Dr. A. L. Hornstein

CITY OF BALTIMORE: (No. 733 Ais Lynch St. St., 16-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Floyd Harris

(a) Residence: No. 739 Forest St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	✓

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 6th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto.
13. NAME Matthew Harris
14. BIRTHPLACE (city or town) (State or country) Tennessee
15. MAIDEN NAME Mary L. Loyal
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Mary L. Harris
(Address) 739 Forest St
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date April 25th 1933
19. UNDERTAKER Day & Brandenburg
(Address) 1127 Caroline St.
APR 25 1933 Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from inquest, 19 ... to ... 19 ...
I last saw h... alive on inquest, 19 ... Death is said to have occurred on the date stated above, at inquest m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	4/22/33
Automobile Accident	4/22/33

Other contributory causes of importance:

Name of operation none Date of ...
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/22. 1933
Where did injury occur? In front of 739 Forest St
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place Street accident
Manner of injury While crossing street at his
Nature of injury none a drunk kicked or hurt

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify ...

(Signed) Joseph Shorey M. D.
(Address) 100 E. Eutaw St. (Corner)

D. B. 1268-9

89840 E 89840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2153 Hollins St. 21-31 Ward)

Length of residence in city or town where death occurred 31 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella F. Bossling

(a) Residence: No. 637 (Usual place of abode) Wyatt St. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced — HUSBAND of (or) WIFE of John Bossling

6. DATE OF BIRTH (month, day, year) July 19 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 3 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER August Barth

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Mary G Hockeman

(Address) 2153 Hollins St

18. BURIAL, CREMATION, OR REMOVAL.

Place Western Cem. Date 4/26/ 1933

19. UNDERTAKER John F Cowan & Son

(Address) 901 Hollins St.

19 [illegible] Registrar

APR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14 1933 to Apr. 22 1933

I last saw her alive on April 22 1933 Death is said to have occurred on the date stated above, at 4:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Paralysis)	4/10/33
Other contributory causes of importance: Chronic Arteio-Sclerosis, (Syphilitic Origin)	1/10/33.

Name of operation none Date of

What test confirmed diagnosis Physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. Gordon Hepburn, M. D.

(Address) 888 N. Eutaw St

M. D. R. 1268-9

E 39841 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39841

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 E. Lanvale St. 8-01 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Hicks

(a) Residence: No. 1514 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of the late Charles R. Hicks

DATE OF BIRTH (month, day, year) May 7 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	10 11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME of Father Charles Hubert.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Katherine Elsesser

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Rose A. Moore

(Address) 1516 E. Lanvale St.

BURIAL, CREMATION, OR REMOVAL

Place Asby Redeemer Cemetery Date Apr. 27 19 33

UNDERTAKER Henry Heck Sons, Inc.

(Address) 301 E. Eager St.

APR 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933 to April 23, 1933

I last saw her alive on April 23, 1933 Death is said to have occurred on the date stated above, at 8:32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Unknown
arteriosclerosis	Unknown

Other contributory causes of importance:

Cerebral Hemorrhage	1 wk.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) 320 E. Lyon St. M. D.

(Address) 2802 Harford Rd.

-30—M & T.—100 B—50L

89842

E 89842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓183

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating at Pier 19

CITY OF BALTIMORE: (No. Light St. ST. 27-01 WARD)

2-FULL NAME William Wells.(C)

(a) RESIDENCE No 723 Brannan Court. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) February 15, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
	37	9	--	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER Ennis Wells(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Bertha Perry.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Ida Watson.(C) sister.

(Address) 152 Quander St. S.E. Washington D.C.

Filed 4-25 1933 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing since Nov. 1932 Body found April 18, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Probably accidental.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heinandl, M. D. Coroner

4/25/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemty

DATE OF BURIAL 4/25 1933

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1212 W. Fayette St.

30—M. & T.—100 B—50L.

89843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

É 89843

19-01 93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., WARD)

2-FULL NAME Charles D. Young.

(a) RESIDENCE NO 212 N. Carey St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced HUSBAND of (or WIFE of) Laura M. Young.

DATE OF BIRTH (month, day and year) December 3, 1873

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
	59	4	20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer.
(b) General nature of industry, business, or establishment in which employed (or employer) 663
(c) Name of employer

BIRTHPLACE (city or town) (State or country) St. Marys Co. Maryland.

10 NAME OF FATHER Edwin R. Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah Hall.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Edna Reed. (daughter)

(Address) 1211 N. Lombard St.

Filed ..... 192 Huntington Williams, Registrar

MAY 25 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiat Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 523 N. Gilmore st.

Did an operation precede death? April 23, 1933 Date of

Was there an autopsy? No.

What test confirmed diagnosis? No. Inquiry

(Signed) Otto L. Reinhardt, M. D. Coroner

4/24/33 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Apr 26 1933

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

M. D. B. 1268-0

89844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89844

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Greenmount Ave (Ward) 9-01

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan F. Parr

(a) Residence: No. 2541 Greenmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND'S~~ (or) WIFE of Harry W. Parr

7. DATE OF BIRTH (month, day, year) Jan 2nd 1874

12. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME David Coppins

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Grogetta Smick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry W. Parr

(Address) 2541 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 25 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

25 1933 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 33 to April 22nd 33

I last saw h alive on April 21st 33 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chronic Intestinal Nephritis	1931
Other contributory causes of importance:	
Cerebral Anemia	April 1933

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George [illegible] M. D.

(Address) 401 E 25th St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89845 E 89845

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses Lee

(a) Residence: No. 563 Dolphin St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Lee

7. DATE OF BIRTH (month, day, year) 1878

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) St Marys Co, Md.

14. NAME Henry Lee

15. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

16. MAIDEN NAME Maria Cambell

17. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

18. INFORMANT Hospital Records
(Address)

19. BURIAL, CREMATION, OR REMOVAL
Place Sharp Ridge Md Date 4/27/33

20. UNDERTAKER Mrs. Geo. C. Scotten
(Address) 63 Druid Hill

FILED ... 19 ... 23 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1933 to 4-24 1933

I last saw him alive on 4-24 1933. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	
Syphilis	
Other contributory causes of importance:	
Abscess of buttocks	3-7-33
Cardiac failure	4-24-33

Name of operation Incision + drainage of abscess Date of 3-12-33

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

D. B. 1268-9

9846 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 89846

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 821 Fremont ave St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Alive Thornton

(a) Residence: No. 821 Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. / 021

10. Date deceased last worked at this occupation (month and year) March 26 | 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Frank Thornton

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Jim Emma

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Eva Thornton
(Address) 821 Fremont av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/25/ 19

19. UNDERTAKER Wm. Leo. H. Carter
(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 — 1933

22. I HEREBY CERTIFY, That I attended deceased from March 26 1933 to April 22 1933

I last saw him alive on April 22 1933. Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis & Endocarditis	Months
2	

Other contributory causes of importance:

General Debility

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jas C Carter M. D.

(Address) 1433 Madison ave

M. D. B. 1208-A

89847

HEALTH DEPARTMENT—CITY OF BALTIMORE

89847

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 Pimlico Rd. St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond B Wilson

(a) Residence: No. 4505 Pimlico Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy H Wilson

DATE OF BIRTH (month, day, year) Nov 5 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 50

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Mount-Du-Lac Wisconsin

13. NAME A B Wilson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME — Buchanan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT William T Wilson

(Address) 4505 Pimlico Road

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4/25/ 1933

UNDERTAKER H M Kaetzel

(Address) 2228 W North Ave

FILED 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to April 23 1933

I last saw h— alive on April 23 1933 Death is said to have occurred on the date stated above, at 2 ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1 yr ago

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L Ackhurst M. D.

(Address) 4012 Park Heights Ave

Spec.—9-30—A. & Co.—250 Blks.

89848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 89848

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1530 N. Fulton Ave (Ward) 15-01

2. FULL NAME Baby Girl Bowman

(a) RESIDENCE NO. 1530 N. Fulton ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5-10 mos. minutes ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 24, 1933

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 6 min.
				5-10

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER David Eddard Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Gladys A. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant (Address) Mrs. Gladys A. Bowman 1530 N. Fulton Ave Balto

Filed ..... 19 ..... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to April 24, 1933

that I last saw her alive on April 24, 1933

and that death occurred, on the date stated above, at 7:40 p m.

The CAUSE OF DEATH* was as follows:

Premature infant - about 3 months

Cause of premature delivery unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Joshua H. Adair M. D.

(Address) Woodlawn Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md DATE OF BURIAL April 25 1933

20 UNDERTAKER [illegible]

ADDRESS

H. D. B. 1268-9

(Nuedling)

HEALTH DEPARTMENT—CITY OF BALTIMORE

9849

CERTIFICATE OF DEATH

13 E 89849

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Nuedling

(a) Residence: No. 3409 Foster Av St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of the late John F. Nuedling

DATE OF BIRTH (month, day, year) Oct 2nd 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME ? Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Leo. Nuedling Son

(Address) 3409 Foster ave

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date April 27 1933

UNDERTAKER Lilly & Zeiler Inc.

(Address) 4324 E. Wolfe St.

DATE 5-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1933, to April 23, 1933

I last saw her alive on April 23, 1933 Death is said to have occurred on the date stated above, at 12.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Hypertension Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert Kennard, M. D.

(Address) St Joseph's Hosp.

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

9850

CERTIFICATE OF DEATH

V 131 E 89850

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S. Madiera St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARTIN F. LIPSKY.

(a) Residence: No. 513 S. Madiera St. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve Lipsky.

DATE OF BIRTH (month, day, year) Oct. 6 1892.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner. 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Factory.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John Lipsky

14. BIRTHPLACE (city or town) Poland, (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland. (State or country)

INFORMANT Genevieve Lipsky (Wife)

(Address) 513 S. Madiera St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Apr. 26 1933

UNDERTAKER Lilly & Zeiler Inc.

(Address) 404 S. Wolfe St.

FILED ~~Dec 1933~~ Apr 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec 27~~ Feb 16 1933 to Apr 22 1933

I last saw h~~im~~ alive on Apr 22 1933 Death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis with Edema.	Feb 1933
Other contributory causes of importance: Uremia	April 1933

Name of operation none Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lurton E. Peale M. D.

(Address) 719 Park Ave

H. D. B. 1268-9

89851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89851

CERTIFICATE OF DEATH V 82-002

1. PLACE OF DEATH St. Joseph's Hosp. No. 21 St., Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Metzger

(a) Residence: No. 637 S. Castle Ave. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of The late George Metzger

6. DATE OF BIRTH (month, day, year) Sept. 12 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

13. NAME ? Stumpf

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT Sister Alfreda of (Address) Sacred Heart Convent Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 27 1933

19. UNDERTAKER Lilly-Zeller Co. (Address) 519 N. Howard St.

20. FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1933, to Apr. 24, 1933

I last saw h[illegible] alive on Apr. 24, 1933 Death is said to have occurred on the date stated above, at 11:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Bronchopneumonia (Terminal)	4/18/33
Other contributory causes of importance:	
Cerebral Thrombosis, Cardiac Decompensation	4/3/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Gruenther, Jr., M. D.

(Address) St. Joseph's Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89852

CERTIFICATE OF DEATH

E 89852

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 E. Fayette St. St. 6-01 Ward) 131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Goerge W. Clark

(a) Residence: No. 2430 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Clark

DATE OF BIRTH (month, day, year) Oct. 14, 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 05

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John W. Clark

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Earle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mary Helmes

(Address) 2430 E. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 26 1933

UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible]

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1933 to Apr 22, 1933

I last saw h/M alive on Apr 22, 1933 Death is said to have occurred on the date stated above, at 1 31P m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis One year (?) — Date of onset ...

Other contributory causes of importance:

Sclerosis of coronary arteries & heart

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 100 N. Ellwood Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89853 E 89853

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna E. Watts

(a) Residence: No. 612 N Wolfe Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Watts

7. DATE OF BIRTH (month, day, year): May 13, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Chambers

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary Elizabeth Biddison

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Adam Reinhardt
(Address): 2224 Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: April 27 1933

19. UNDERTAKER: Wm. C. Miller & Son
(Address): 2362 Gilmor St.
Washington Williams, Mgr.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1933 to 7/24, 1933

I last saw her alive on 7/24, 1933 Death is said to have occurred on the date stated above, at 8:04 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic interstitial.	
Emphysema of L.L.	
Bronchial Pneumonia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Daniel E Boyard M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89854 E 89854

CERTIFICATE OF DEATH

52

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolto city Hosp. Ward) 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Carlisle

(a) Residence: No. 3119 Shannon Drive Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Florence

6. DATE OF BIRTH (month, day, year) 6/20/1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Farmer. Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Green Spring. Md.

13. NAME John. Carlisle

14. BIRTHPLACE (city or town) (State or country) Carolina Co. Md

15. MAIDEN NAME Lucille ?

16. BIRTHPLACE (city or town) (State or country) Carolina Co. Md

INFORMANT N. Carlisle

(Address) 3119 Shannon Drive

BURIAL, CREMATION, OR REMOVAL

Place Templeville, Md. Date April 26. 1933

UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager Ste.

FILED ~~Thurlow Williams~~ Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24. 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/20. 1933. to 4/24. 1933

I last saw h IM alive on 4/24. 1933 Death is said to have occurred on the date stated above, at 2:55 p m

The principal cause of death and related causes of importance were as follows:

Epithelioma of face — Date of onset ?

Other contributory causes of importance:

Bronchopneumonia — 2 days

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bruce Schaefer M. D.

(Address) Balto City Hosp

M. D. B. 1208-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89855

CERTIFICATE OF DEATH

51 E 89855

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 452 Pennington Ave St., 25-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jefferson Davis Stinchcomb

(a) Residence: No. 452 Pennington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Stinchcomb

7. DATE OF BIRTH (month, day, year) March 30, 1870

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Home Arundel Co

13. NAME — Dont Know

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Catherine Stinchcomb
(Address) 452 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date April 27 1933

19. UNDERTAKER C. Howard Evans
(Address) 25 E. Preston St

Hector Williams, M.D.
Registrar.

APR 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from November, 1931, to Apr. 24, 1933

I last saw h[illegible] alive on Apr. 24, 1933. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma prostate	
Other contributory causes of importance:	
Generalized metastases	

Name of operation Supra-Pubic Prostatectomy Date of 1930

What test confirmed diagnosis? Op. - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Anthony V. Bucheles, M. D.

(Address) 319 S. Stricker St

M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

89856 167 E 89856

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital ST. 47-96 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adie B. Bateman

(a) RESIDENCE NO 509 Hawthorn Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. McLanahan

DATE OF BIRTH (month, day, and year) January 8.1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME OF FATHER Wm. H. Bateman

BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Mary M. Johnson

BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Daughter Mrs. Fleischman

Address) 509 Hawthorn Road, Roland Park

Filed 4/26 1933 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy Inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Bullet Wound through Mouth, Brain, Exit through Occipital Region Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Self Inflicted Suicide (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Athletic Club,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton, M. D. Coroner

4/25, 1933 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/26 1933

20 UNDERTAKER Henry U. Meakes & Son

ADDRESS 805 N. Calvert St

M. D. B. 1268-9

89857 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89857

CERTIFICATE OF DEATH

82-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Hosp St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Balsarick (Balcerak)

(a) Residence: No. 326 S Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed or divorced — HUSBAND of (or) WIFE of: Mary Balsarick

DATE OF BIRTH (month, day, year): Sept. 10-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Michael Balsarick

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Germany.

INFORMANT: Records

(Address): Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: April 29. 1933

UNDERTAKER: John M. Weber

(Address): 401 S. Chester St

FILED 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23. 1933 to April 27. 1933

I last saw him alive on April 24 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4-22-33
Other contributory causes of importance: Arteriosclerosis Hypertension	? ?

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer Hirshberg Jr. M. D.

(Address) Baltimore City Hosp.

H. D. B. 1268-9

E 89858 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 89858

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2002 Park Ave. St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry L. Black,

(a) Residence: No. 2002 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude E. Black,

6. DATE OF BIRTH (month, day, year) August 14. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Lewis Black,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Narcissis E. Peregoy,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Gertrude E. Black

(Address) 2002 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date APR 27 1933 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 25 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1933 to April 24 1933

last saw him alive on April 24 1933. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Chronic Bright's	—
Paresis	—
Arteriosclerosis	—
Hyperpyrexia Asthenia	—

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wilmer Krusen M. D.

(Address) 30 E. Preston St.

M. D. R. 1269-9

89859

HEALTH DEPARTMENT—CITY OF BALTIMORE

89859 E

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Arbutus St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Kaiser

(a) Residence: No. 6 Arbutus St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ferdinand Kaiser

DATE OF BIRTH (month, day, year) Dec 31-1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Mary Lukacs

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Mary Lukacs

16. BIRTHPLACE (city or town) (State or country) Hungary

INFORMANT Ferdinand Kaiser
(Address) 6 Arbutus St.

BURIAL, CREMATION, OR REMOVAL

Place Westview Date 4/26/ 1933

UNDERTAKER J. B. Robertson & Son
(Address) 1500 Eutaw Place

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to April 23, 1933.

I last saw her alive on April 23, 19?. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so specify .....

(Signed) Walter E. Ca ..... M. D.

(Address) 537 Lombard St

H. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89860

CERTIFICATE OF DEATH

107 E 89860

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Barclay St. 12-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Elizabeth Trinite

(a) Residence: No. 2019 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eugene C. Trinite

DATE OF BIRTH (month, day, year) Aug 4, 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Switzerland.

13. NAME John Von Euw

14. BIRTHPLACE (city or town) (State or country) Switzerland.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMANT Eugene C. Trinite.
(Address) 2019 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/26/33

19. UNDERTAKER George J. Roth Sons
(Address) 1130 Eutaw St.

20. FILED 4/25/1933 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1933, to 4-23, 1933.

I last saw her alive on 4-23, 1933. Death is said to have occurred on the date stated above, at 9.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-22-33
Other contributory causes of importance:	
Large Uterine Fibroid	?
Pyelitis & Cystitis	11--32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) J. Nelson Carey, M. D.

(Address) 1014 St Paul St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89861

CERTIFICATE OF DEATH

E 89861

1. PLACE OF DEATH Md. Gen. Hospital — Registered No. 107-884

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

Length of residence in city or town where death occurred, 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Loretta Di Leonardo

(a) Residence: No. 518 North Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 18 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Jake Di Leonardo

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Mary S

16. BIRTHPLACE (city or town) Italy
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date 4/26/33 19

UNDERTAKER George D. Smith Sons
(Address) 1715 Eutaw Pl. Huntington Ave. Boston, Mass.

5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-23- 1933 to 4-24- 1933.

I last saw her alive on 4-24 1933 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4/19/33
Myocardial failure	4/24/33

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? Clinical Was there an autopsy? ———

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. L. Berge M. D.

(Address) Md. Gen. Hospital

H. D. B. 1268-9

Johanna Barrett

HEALTH DEPARTMENT—CITY OF BALTIMORE

89862

CERTIFICATE OF DEATH

E 89862

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr. Mary Geralda (Barrett)

(a) Residence: No. Caroline & Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Nov. 17, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 53	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 665

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenroe Ireland

13. NAME John Barrett

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine O'Connell

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Sisters St Joseph's Hosp
(Address) 1400 N. Caroline St

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 4/26/33

UNDERTAKER Geo. A. Diehl & Son
(Address) 3[illegible] Huntington Pittsville, Md.

Filed 5-9-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1933 to April 24, 1933

I last saw h[illegible] alive on April 24, 1933 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Broncho~~ (1) Arteriosclerosis	?
(2) Bronchopneumonia	4-1-33
(3) Myocarditis - chr.	?

Other contributory causes of importance:

(1) Atrophic arthritis	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. W. Wagenseller M. D.

(Address) St. Josephs Hospital

M. D. B. 1268-9

89863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89863

11-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 13-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER .....
(Address)

1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20 1933 until April 25 1933.

I last saw her alive on April 25 1933 Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart - Coronary - dilatation	4/24/33
Other contributary causes of importance: influenza of Bronchial type & pneumonia suppurative	4/1/33

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Hawkins M. D.

(Address) 1203 Edelon Ave.

1-20—M. & T.—100 B—501.

E 89864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89864

CERTIFICATE OF DEATH

REGISTERED NO. 22

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. ST. 20-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carolyn E. Wackubin.

(a) RESIDENCE NO. 456 Furrow St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) November 23, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Albert M. Wackubin.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Edna M. Spittel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Edna M. Wackubin. (mother)

(Address) 456 Furrow St.

Filed [illegible] 1933 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Tetanus from a splinter in the finger.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Apr 3 yrs 18 w 5 d April 18, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D. Coroner

4/25/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL 4/27/33

20 UNDERTAKER Harry H. Wright. ADDRESS [illegible]

M. D. B. 1268-0

89865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 89865

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1106 N. Milton Ave. Ward) 8-A

Length of residence in city or town where death occurred 74 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Albertine B. Humphreys

(a) Residence: No. 1106 N. Milton Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Henry B. Humphreys

7. DATE OF BIRTH (month, day, year) Mar 3rd 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm A. Bryan

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Christina Habbard

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Harry F. Humphreys
(Address) 1050 N. Milton Ave

BURIAL, CREMATION, OR REMOVAL
Place Balto Date Apr 26th 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

FILED ... 19.. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6 1933 to April 27 1933

I last saw h.. alive on April 24 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pyloric end of Stomach	1/2 yr.

Other contributory causes of importance: —

Name of operation ..... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent V. Dooka M. D.

(Address) 845 N. Patterson Park Ave

H. D. H. 1268-9

89866 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-E 89866

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ambrosia Garrett

(a) Residence: No. 2748 Tivoly Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~, (or) WIFE of Joseph P. Garrett

6. DATE OF BIRTH (month, day, year) Aug 2nd 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER John B. Connelly

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Mary Mullen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Byrne

(Address) 2748 Tivoly Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Marys (Govans) Date April 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from: ——, 19—, to ——, 19—

I last saw h— alive on ——, 19— Death is said to have occurred on the date stated above, at 7:40 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	
(b)	
(c)	

Other contributory causes of importance: Arteriosclerosis Fracture of left hip

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ——, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury Slipped on floor at home

Nature of injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Coyle, M. D.
Coroner

(Address) 200 Lexington St

M. D. B. 1268-9

89867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89867

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3407 Noble St., 26-01 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Ernest

(a) Residence: No. 3407 Noble St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: John B. Ernest

7. DATE OF BIRTH (month, day, year): June 10th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: John Ernest

(Address): 3407 Noble St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: April 27th 1933

19. UNDERTAKER: Wm Cook

(Address): 417 E Paul St

FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933 to April 24, 1933

I last saw her alive on April 22, 1933 Death is said to have occurred on the date stated above, at 1140 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chronic

Other contributory causes of importance:

Acute Myocarditis	3/10/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) C. H. B. Tillotson M. D.

4/25/33 (Address) 3N S. Highland Ave.

ec.—2-29-28—L. F. S.—500 Bks.

Fahmueller

HEALTH DEPARTMENT—CITY OF BALTIMORE

89868

CERTIFICATE OF DEATH

23 E 89868

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 402 S. Smallwood St. ST. 20-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kunigunde Fahmueller

(a) RESIDENCE NO. 402 S. Smallwood St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Fahmueller

ATE OF BIRTH (month, day, and year) Oct. 9, 1865

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	15	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Germany.

0 NAME OF FATHER Christian Wettmann

1 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

2 MAIDEN NAME OF MOTHER Eliz. Dorsch.

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Margaret Magness.

(Address) 402 S. Smallwood.

Filed [illegible] 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 24, 1933

17 I HEREBY CERTIFY, That I attended deceased from 1929, 19__, to Apr 24, 1933,

that I last saw h[illegible] alive on Apr 23, 1933,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Tuberculosis

(duration) 20 yrs. mos. da.

CONTRIBUTORY (Secondary) Myocarditis (Chronic)

(duration) 4 yrs. mos. da.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) D. Walter Bowmer, M. D.

, 19 (Address) 3300 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery (Violetsville)

DATE OF BURIAL April 27th 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89869

CERTIFICATE OF DEATH

E 89869

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan M. Finch

(a) Residence: No. 3209 Eastern A ve St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced WIFE of (or) HUSBAND of Thomas B. Finch

DATE OF BIRTH (month, day, year) ~~Apr~~ Jan 12/1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr. J.J. Angulo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Quebec, Canada

13. NAME William Moore

14. BIRTHPLACE (city or town) (State or country) Quebec, Canada

15. MAIDEN NAME Mary A. Timmonie

16. BIRTHPLACE (city or town) (State or country) Quebec. Canada

INFORMANT Thomas B. Finch
(Address) 3209 Eastern Ave

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date April 28, 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Williams
Registrar.

DATED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	??
Other contributory causes of importance: Rheumatic Endocarditis	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Angulo Coroner, M. D.

(Address) 508 E Fayette

H. D. B. 1268-9

Joseph Paul Dorsey

89870 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89870

CERTIFICATE OF DEATH

V 175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dead on arrival at St., 8-01 Ward)

St. Joseph Hospital

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul J. Dorsey Joseph Paul Dorsey

(a) Residence: No. 1212 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Dorsey

DATE OF BIRTH (month, day, year) July 26/1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) York Co., Pa.

13. NAME Jacob Dorsey

14. BIRTHPLACE (city or town) (State or country) York Co., Pa.

15. MAIDEN NAME Annie Oulds

16. BIRTHPLACE (city or town) (State or country) York Co., Pa.

INFORMANT Annie Oulds Dorsey

(Address) 1737 Ellsworth St., Balto City

BURIAL, CREMATION, OR REMOVAL

Place Delta Pa Date 4/26/33

UNDERTAKER Robert W. Williams

(Address) 1515 McElderry St

FILED 4-28-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Fractured Skull

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 4/22/33

Where did injury occur? near 1218 Bond st (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in alley

Manner of injury Struck by black-jack

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Brune, M. D. Coroner

(Address) 508 E North Ave

pec.—8-16-29—L. P. S.—100 Bks.

89871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89871

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Springfield Ave 21-81 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy Jane Colby

(a) RESIDENCE NO. 1109 Springfield Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ronald L. Colby

DATE OF BIRTH (month, day, and year) Oct 14. 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	6	8 9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 0 97

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richmond Co Va

10 NAME OF FATHER Clem Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ellen Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Ronald L. Colby

(Address) 1109 Springfield ave

Filed ... 1933 ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1933, to April 23, 1933, that I last saw h alive on April 22, 1933 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ... yrs. 11 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) J. E. McCard, M. D.

4/25, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL April, 26 1933

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

E 89872

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89872

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. No 1706 Presstman ave St. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Glenford Gaskins

(a) RESIDENCE. No. 1706 Presstman ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6 - 1933

7 AGE — Years: — Months: 2 — Days: 17 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Joseph Gaskins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Arlene Hoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant (Address): Joseph Gaskins 1706 Presstman st

Filed: 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1933

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1933, to April 23, 1933, that I last saw h[im] alive on April 23, 1933, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

4/23, 1933 (Address) 1209 Presstman ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: mt Brion Cemetery — DATE OF BURIAL: April 26 33

20 UNDERTAKER: Thomas E. Kellon — ADDRESS: 1303 Presstman St

51933

Spec.—1-12-33—M&T—500 Bks.

E 89873

E 89873 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 N. Gilmor ST. 15-01 WARD)

2-FULL NAME William Brown

(a) RESIDENCE NO. 1612 N. Gilmor St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Brown

6 DATE OF BIRTH (month, day, and year): 12-8-1868

7 AGE — Years: 64 — Months: 4 — Days: 16 — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York Co., Va.

10 NAME OF FATHER: Robert Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Co., Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Fannie Atkins

(Address) 1612 N. Gilmor St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-24- 1933

17 I HEREBY CERTIFY, That I attended deceased from 4-22- , 1933 , to 4-24- , 1933 ,

that I last saw h— alive on 4-24- , 1933 ,

and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardio-Renal Disease (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. C. Boge, M. D.

, 19 (Address) 816 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Williamsburg, Va

DATE OF BURIAL: April 26 '33

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pennsylvania Ave

H. D. B. 1268-9

E 89874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89874

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Egil Louis Olsen, Jr.

(a) Residence: No. 26 S. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 10/32

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Egil Louis Olsen, Sr.

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Marthe Anderson

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Martha Olsen

(Address) 26 S. Curley St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 7/26, 19 33

UNDERTAKER J. J. Gilligan

(Address) 2 East Baltimore St

FILED 7/26, 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 6.30 A.M. Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. Davis Coroner, M. D.

(Address) 508 E Fayette

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89875

CERTIFICATE OF DEATH

93-001 E 89875

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Dorn

(a) Residence: No. 3127 Fleet St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Dorn

DATE OF BIRTH (month, day, year) May 25 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Dorn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Sophia Dorn
(Address) 3127 Fleet St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date April 29, 1932

UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3:01 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Intake Acute Myocarditis	
2.	
3.	
4.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. B. 1268-9

Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

89876

89876

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 70-03 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Johnson

(a) Residence: No. 6840 Fait Ave. St. Forestwood Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Johnson

6. DATE OF BIRTH (month, day, year) Jan. 8-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	3	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John G. Lauckman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Doller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edward Johnson

(Address) 6840 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn cem Date April 29, 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St

FILED ... 19 ... Registrar.

R 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1933 to April 25, 1933

I last saw h alive on April 25, 1933 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation — Date of onset

Other contributory causes of importance:

Paralytic Stroke

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Harland Rogers, M. D.

(Address) Sinai Hospital

...per.—2-29-28—L. F. S.—600 Bks.

89877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89877

CERTIFICATE OF DEATH

V 108

REGISTERED NO.

1—PLACE OF DEATH 1000 S. Eutaw St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 S Eutaw ST., 11-01 WARD)

2—FULL NAME John Samuel Yates

(a) RESIDENCE NO. 1000 S. Eutaw ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Amanda Yates

DATE OF BIRTH (month, day, and year): Jan 24, 1866

AGE: 67 Years | Months | 35 Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Washington D.C.

NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (city or town) (State or country):

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant: Amanda Yates

(Address) 1000 S Eutaw St.

APR 26 1933

Huntington Hotel, [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 24/1933

17 I HEREBY CERTIFY that I attended deceased from April 24 '33 to April 24 '33

that I last saw h[illegible] alive on Apr 24 19 33

and that death occurred, on the date stated above, at 7:40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Dyspnoea

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus Type I

(Signed) H. G. Impallaria M. D.

, 19 (Address) 501 S Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: Apr. 26 1933

20 UNDERTAKER: Mrs A. M. Elliott — ADDRESS: 1129 W Fayette St

1-30—M. & T.—100 B—50L

E 89878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89878

CERTIFICATE OF DEATH

181

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 9-01 (WARD)

2-FULL NAME Anna Adams.(C)

(a) RESIDENCE NO. 1947 Booth St. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 13, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Edward Adams.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Gussie Law.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Gussie Adams.(C) mother.

(Address) 1947 Booth St.

Filed APR 26 1933 19__ Registrar Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Extensive burns over body, while playing with matches.
Accidental Death.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? 1947 Booth St. April 8, 1933

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto Meinhardt, M. D. Coroner

4/24/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cemetery

DATE OF BURIAL April 26 1933

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 3224 Schroeder St

pec.—1-30—M. & T.—250 Blks

E 89879

E 89879 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 Harlem ST. 16-01 (WARD)

2-FULL NAME Sarah E. Johnson

(a) RESIDENCE NO. 1011 Harlem ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of: George W. Johnson

DATE OF BIRTH (month, day, and year): Aug. 16. 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64 65	8	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home - keeper 090

(b) General nature of industry, business, or establishment in which employed (or employer): Keeping house

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Cynthia Gatewood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant: George W. Johnson

(Address) 1011 Harlem Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 23. 1933.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1933 to Apr. 23, 1933.

that I last saw her alive on Apr 23, 1933.

and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Ex.

(Signed) P. Garland Cathell, M. D.

, 19 (Address) 1534 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 27 19 33

20 UNDERTAKER: Katie R. Williams — ADDRESS 322 Schroeder St.

M. D. B. 1268-9

E-89880

HEALTH DEPARTMENT—CITY OF BALTIMORE 89880

89880

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Provident Hospital St. 14-81 Ward)

Length of residence in city or town where death occurred 35 yrs. [illegible] mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Sherman Lee

(a) Residence: No. 128 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Fannie Lee

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Perry M. Lee
14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Mary Williams
16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Fannie Lee
(Address) 128 N. Mount

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 26 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I Attended deceased from April 14, 1933 to April 23, 1933
I last saw h... alive on April 23, 1933. Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uremia Cardiorenal	
b Renal Disease	5 yrs.

Other contributory causes of importance:

Partially recovered Pneumonia

Name of operation Nonepisect Date of [illegible] 1933

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R. Shaw Higgins M. D.

(Address) Provident Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89881

CERTIFICATE OF DEATH

✓ 168 E 89881

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2642 Ensor St., 15th Ward)

Length of residence in city or town where death occurred 12 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Smith

(a) Residence: No. 2642 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas. Wm A Smith

DATE OF BIRTH (month, day, year) Aug 28 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) & Maryland
(State or country)

13. NAME Mary Lamond

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Mary Lamond

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Wm A Smith

(Address) 2642 Ensor St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Apr 28 1933

UNDERTAKER E. H. Ehlen

(Address) 1944 W North Ave

Apr 26 1933 Entered [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26-1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Shot Hemorrhage Laceration Left Side of Neck (Suicide)

Date of Onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury [illegible], 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno J Morrow, M. D.
Coroner

(Address) 1612 Reed St

M. D. B. 1268-9

E 89882

89882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Jefferson St. or Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Magdalen Jackson

(a) Residence: No. 1206 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Steven Jackson

6. DATE OF BIRTH (month, day, year) June 26 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F Burke

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Maggie Bulbleon

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Matilda Rangdell

(Address) 1613 N Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/27/33 19

19. UNDERTAKER John W Handegan

(Address) 1502 E Monument

20. FILED ..... 19 ..... Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15-33 to April 23 1933

I last saw h.. alive on April 23 1933 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 15 33
Other contributory causes of importance: Nephrosclerosis	April 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo Salle M. D.

(Address) 150 Aisquith St

M. D. B. 1268-9

E 89883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89883

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-21 Ward)

Length of residence in city or town where death occurred 5/6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Walter Barney

(a) Residence: No. 235 Poppleton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
male	colored	Married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Ozella Barney

DATE OF BIRTH (month, day, year) Aug 12 1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John H Barney

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Moore

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mamie Barney

(Address) 727 S Stanwood St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/27/ 19 33

UNDERTAKER Isaac L Bryant Son

(Address) 1018 N Montgomery St

FILED 19 ... Registrar

C1833

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to April 24, 1933

I last saw h[e] alive on April 24, 1933 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Hypertension	?
Cerebral hemorrhage	4-20-33

Other contributory causes of importance:

Chronic Nephritis

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J Dewees Mooney, M. D.

(Address) University Hosp

89884 F 89884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Smith

(a) Residence: No. 2852 Harford Road St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norman L. Smith

6. DATE OF BIRTH (month, day, year) April 11 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martin Schenk

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Le Brun

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Norman Smith
(Address) 2852 Harford road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Cem. Date April 28. 1933

19. UNDERTAKER Mr & Mrs John H. Tuffola Son
(Address) 901 N. Broadway St

20. FILED ..... 19..... Registrar.

Interment from Baltimore Md

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1933, to April 26, 1933

I last saw h CR alive on April 26 3:35 am, 1933. Death is said to have occurred on the date stated above, at 3:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 19
Uremia	March 22

Other contributory causes of importance:

Hypertension	Hemiplegia 1/2
chronic nephritis	
chronic myocarditis	

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) Archie Robert Cohn ..... M. D.

(Address) Sinai Hospital

M. D. R. 1268-9

89885

27246

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 89885

CERTIFICATE OF DEATH

× 79-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alex. Anderson

(a) Residence No. Bengies Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) July 5-1889

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
43 44		9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Anderson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Oak Lawn. Date April 28: 1933

19. UNDERTAKER M. F. Sadowski.

(Address) 1740 Eastern ave.

20. FILED 19 Registrar.

251933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933 to April 25, 1933

I last saw h— alive on Apr. 25, 1933 Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	Mar. 1930
	"
	"
	"
	"
Other contributory causes of importance:	
Brain abscess	April 1933
Meningitis Streptococcus	" "

Name of operation Date of

What test confirmed diagnosis Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Bengies M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

527

89886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89886

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Smith

(a) Residence: No. 612 S East Ave St. 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Separated (Elmer C. Smith)

6. DATE OF BIRTH (month, day, year) 3-31-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N W 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Charles Bauer

14. BIRTHPLACE (city or town) (State or country) Ger

15. MAIDEN NAME Margaret Fiem

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Apr. 27, 1933

19. UNDERTAKER Lilly & Sons Funeral Home

(Address) 403 St. Paul St.

FILED 28 1933 19 4 PM Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 24 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933 to April 24, 1933

(last) saw her alive on April 24, 1933 Death is said to have occurred on the date stated above, at 6.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary	?
(cancer)	

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of 5-7-33

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. S. Everett M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89887 — OR 89887

CERTIFICATE OF DEATH

91

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5205 Gwynn Oak Ave. St.) (28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Kennedy

(a) Residence: No. 5205 Gwynn Oak Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary V. Cohen

6. DATE OF BIRTH (month, day, year) 11/14/51

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME John Kennedy

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Agness Brown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mr. John Kennedy
(Address) 5449 Jonquil Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date 4/27/33. 19

19. UNDERTAKER Wm O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 19 [illegible] Registrar.

APR 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/33. 19

22. I HEREBY CERTIFY, That I attended deceased from March 2 1933 to April 25 1933

I last saw him alive on April 22 1933. Death is said to have occurred on the date stated above, at 1-50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiac disease.	

Other contributory causes of importance: Cardiac dilatation

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) [illegible] M. D.

(Address) 3429 Clanton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89888 | 181 | E 89888
Registered No.

1. PLACE OF DEATH Union Memorial Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 12-04 (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Miss Josephine Elder

(a) Residence: No. 1700 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Samuel Elder

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Margaret Bell

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Friend & Niece
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ligonier Pa. Date April 26th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933, to April 24, 1933
I last saw her alive on April 24, 1933 Death is said to have occurred on the date stated above, at 9.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns of both legs, 2nd degree	April 24
Hypostatic pneumonia	
Chronic myocarditis	many years

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury April 23, 1933

Where did injury occur? at home, Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury stepped into tub of hot water

Nature of injury 1st & 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John W. Hewes M. D.

(Address) Union Memorial Hosp.

1933

M. D. B. 1268-B

89889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89889

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 E. 22nd St St 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Wallace

(a) Residence: No. 306 E 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1857

7. AGE: Years 76 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Matthew Wallace

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ann Powder

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Wilson

(Address) 306 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date 4/27, 1933

19. UNDERTAKER: Mary M. Mudefeld

(Address) 501 E 22nd St

Huntington Indiana

Registrar.

FILED 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1933, to April 25, 1933

I last saw h. alive on April 24, 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	Feb - 9 yrs -

Other contributory causes of importance:

Bronco-Pneumonia Both
February 1933 -

Name of operation — Date of —

What test confirmed diagnosis? Clinical symptoms - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Robinson M. D.

(Address) Medical Arts Building

M. D. B. 1268-9

89890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89890

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1401 Ridgewood Ave (Ward) 15th

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jefferson Parker

(a) Residence: No. 1401 Ridgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margaret E. Parker

6. DATE OF BIRTH (month, day, year) Sept. 30, 1837

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 07

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford Co Va

FATHER

13. NAME Edward Parker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Agnew

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. (Wm.) Parker

(Address) 1401 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 27, 1933

19. UNDERTAKER Wm. Pickrell Sons.

(Address) Howell & Graves.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to April 24, 1933

I last saw him alive on April 24, 1933. Death is said to have occurred on the date stated above, at 9.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	several years

Other contributory causes of importance:

General Arterio-sclerosis	

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gustavus C Johnson, M. D.

(Address) 3014 St Paul St. Balto

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89891

CERTIFICATE OF DEATH

E 89891

53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Women's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tula ~~Wilson~~ ETTA Dickens

(a) Residence: No. 120 W Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of ~~HUSBAND~~ Roger Dickens

DATE OF BIRTH (month, day, year) Dec. 10 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	42	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boys Latin School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 68

7. BIRTHPLACE (city or town) (State or country) Virginia

12. NAME Samuel Wilson

13. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rebecca Bumgarner

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Roger Dickens

(Address) 120 W. Lafayette Ave

BURIAL, CREMATION, OR REMOVAL Md

Place Frostburg Date April 27 1933

UNDERTAKER Wm J Tuckner & Sons

(Address) Frostburg Md

FILED 1933 Huntington Williams Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1933 to April 25 1933

I last saw h[er] alive on April 25 1933 Death is said to have occurred on the date stated above, at 9 17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory Failure - acute	Dec 5-33
Other contributory causes of importance: Probable Malignancy of Rt Kidney	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Marion P. Johnson M. D.

(Address) Woman's Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89892 B 89892

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Eastan St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Pender

(a) Residence: No. 502 N. Eastan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of WIFE of Ella Pender

6. DATE OF BIRTH (month, day, year) Feb 2-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Municipal Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Eastman

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Ella Pinder

(Address) 502 N. East ave.

18. BURIAL, CREMATION, OR REMOVAL

Place York, Pa Date April 28, 33

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

20. FILED Station for Training Jr. Asst. Registrar

6 1933 CPD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to April 26, 33.

I last saw him alive on April 26-33 Death is said to have occurred on the date stated above, at 2 45 m a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930
Other contributory causes of importance: Uremia	April 26 1933

Name of operation None Date of —

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Dr. John A Moran M. D.

(Address) 26 E. Preston St Baltimore Md

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89893

CERTIFICATE OF DEATH

168

E 89893

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 13-21 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? 34 yrs. mos. da.

2. FULL NAME George Hemerka

(a) Residence: No. 815 Union Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susanna Hemerka

DATE OF BIRTH (month, day, year) October 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria, Hungary

13. NAME Venselaus Hemerka

14. BIRTHPLACE (city or town) (State or country) Austria, Hungary

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Austria, Hungary

INFORMANT Mrs. Susanna Hemerka
(Address) 815 Union Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 28, 1933

UNDERTAKER Horace F. Burgee
(Address) 7831 Falls Road

61933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible] to [illegible], 19 [illegible]

I last saw h[illegible] alive on [illegible], 19 [illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Lacerated Throat with razor Suicide intent	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury [illegible], 19 [illegible]
Where did injury occur? 1307 Maryland Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek, M. D. Coroner
(Address) Coroner

M. D. R. 1268-9

89894 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 89894

CERTIFICATE OF DEATH

X V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 2 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard Vanna

(a) Residence: No. 1604 Fremont Ave. St. Edmondson Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Charlotte Vanna

6. DATE OF BIRTH (month, day, year) April 2, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Vanna

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Barnes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Fanny Vanna

(Address) Belair Mkt

18. BURIAL, CREMATION, OR REMOVAL Edgemere Cemetery Date Apr 26 1933

Place Edgemere

19. UNDERTAKER Degnan & Shea

(Address) Belair Mkt

20. FILED ... 19... Registrar

271933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1933 to April 27, 1933

I last saw h... alive on April 27, 1933 Death is said to have occurred on the date stated above, at 4:26 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb
Empyema	Feb 33
Septicemia	
Other contributory causes of importance:	
Cerebral Embolism	Feb 24

Name of operation Thoracotomy Date of Mar 28

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Goodman M. D.

(Address) Mercy Hospital

E 89895

1-20—M. & T.—100 B—50L

E 89895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 8-01 WARD)

2-FULL NAME John Mikucki.

(a) RESIDENCE NO 3135 Elmora Ave, ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 30 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Velma S. Mikucki.

6 DATE OF BIRTH (month, day, and year) December 25, 1880

7 AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	52	3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania.

PARENTS

10 NAME OF FATHER John Mikucki.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania.

12 MAIDEN NAME OF MOTHER Patricka Lapinski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania.

14 Informant Velma S. Mikucki. (wife)
(Address) 3135 Elmora Ave.

15 Filed ..... 192 ..... Registrar

R 27 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage.
Hemiplegia, left side.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 420 E. Mount St. April 19, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Edw. M. Reinhardt, M. D. Coroner

4/15/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine

DATE OF BURIAL 4/27 1933

20 UNDERTAKER Chas. B. Kuchauskas

ADDRESS 837 S. Paca St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89896

E 89896

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2553 Madison Ave St. 3-01 WARD)

2-FULL NAME Lillie Locks

(a) RESIDENCE NO. 2553 - Madison Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: col

5 ~~Single~~, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Locks

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 48; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clean

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mills Md.

10 NAME OF FATHER: Lucien Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Caroline Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mrs Susie Bailey

(Address) 255 2 Madison Ave

Filed 4-27-33 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-24 1933

17

I HEREBY CERTIFY, That I attended deceased from 2-17- 1933, to 4-24 1933,

that I last saw her alive on 4-23- 1933

and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho-pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

Diabetes (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. L. Jackson M. D.

4/27 1933 (Address) 224 E. N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 4/27 1933

20 UNDERTAKER: Mrs & Thos J. Bailey

ADDRESS: 142 S. Gilmor St

Dr Louis Krause Medical Arts Bldg Ph 4258

M. D. B. 1268-9

89897 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89897

CERTIFICATE OF DEATH

V 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Luzerne Ave Ward) 40

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Starr

(a) Residence: No. 512 N. Luzerne Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John V. Starr

6. DATE OF BIRTH (month, day, year) Nov 17th 1871

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Mt Washington Md.

MOTHER FATHER

13. NAME James Shea

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Cooper

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John T. Starr

(Address) 512 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's (Govans) Date April 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED April 27 1933 Wm. F. Livingston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to April 26 1933

I last saw her alive on April 24 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardio Vascular Renal	

Other contributory causes of importance:

Hypostatic Lung (?)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James Krause M. D.

(Address) Med. Dr. Bldg

89898 Thomas Henry Coates F 89898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 Augusta St. 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Thomas Henry Coates

(a) Residence: No. 124 Augusta St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Coates

6. DATE OF BIRTH (month, day, year) Dec 16-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John B Coates

14. BIRTHPLACE (city or town) (State or country) Geneva

MOTHER

15. MAIDEN NAME Henrietta Carey

16. BIRTHPLACE (city or town) (State or country) Elliott City Md

17. INFORMANT Anne B Gibson

(Address) 818 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 4-27th 1933

19. UNDERTAKER Bryan Mamie H Wright

(Address) 128 McElderry St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1933 to 4-25, 1933

I last saw h.. alive on 4-25, 1933. Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-15-33
	10 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo Callen M. D.

(Address) 507 Augusta St.

Spec.—9-30—A & Co.—250 Bks.

E 39899

E 39899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. 6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 N. Fremont Ave. WARD) 6-01

2. FULL NAME Rachel Smith

(a) RESIDENCE NO. 636 N. Fremont Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	-	-	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eletha Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Rachel S Lecraft

(Address) 636 N. Fremont Ave

Filed ... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/33

17

I HEREBY CERTIFY, That I attended deceased from 4/22, 1933, to 4-26, 1933

that I last saw her alive on 4-26, 1933

and that death occurred, on the date stated above, at 4-5° A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 4 mos. ds.

CONTRIBUTORY ✓
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ✓
If not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) P. N. Hatchett M. D.

4/27/33 (Address) 1 rr Fa Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary — DATE OF BURIAL Apr 29 1933

20 UNDERTAKER James A Hayes — ADDRESS 192 Hill

M. D. R. 1268-9

E 89900 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89900

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5117 Queensbury Ave St., 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Farb

(a) Residence: No. 5117 Queensbury Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Rose Farb

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Lazar Farb

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Jack Levis
(Address) 1439 E Balto St

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 4/27/33 19

19. UNDERTAKER Jack Levis Inc
(Address) 1439 E. Balto. St.

20. FILED 4/27/33 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/33. 19

22. I HEREBY CERTIFY, That I attended deceased from January, 1931, to April 26, 1933

I last saw him alive on April 26, 1933 Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of Lumbar Spine	2½ yrs
Arteriosclerotic Cardio-vascular Disease	3-4 yrs
Other contributory causes of importance: Metastases to pelvis, chest	

Name of operation None Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. G. Simonton M. D.

(Address) 2340 Eutaw Place

AaCo. 5-31 250B

E 89901 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89901

12-

149-621

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Str. 6-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Phillips

(a) Residence: No. 123 N. Luzerne Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Benjamin Phillips

7. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Benjamin Kaplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 4/27/33 19.....

19. UNDERTAKER Jack Gaus Sons
(Address) 1432 E. Baltimore St.

FILED 27 1933 A. D. 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933, to April 26, 1933

I last saw her alive on April 26, 1933 death is said to have occurred on the date stated above, at 1 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Chronic Nephritis	2

Other contributory causes of importance:

Paralytic Ileus	4/29/33
Uremia	4/26/33
Septicemia ?	4/25/33

Name of operation Cesarean Section Date of 4/19/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

89902

Cherkesky

E 89902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 80 yrs. ..... mos. ..... ds.

2. FULL NAME Israel Cherkesky

(a) Residence: No. 1821 E Baltimore St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 4/27/33, 19

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E Balto St.

20. FILED ..... 19 ..... Registrar.

4 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 4/8/33, 19..., to 4/26, 19 33

I last saw h.... alive on 4/26 19 33. Death is said to have occurred on the date stated above, at 10 20 ☐m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	10 yrs
Arteriosclerosis	10 yrs
Other contributory causes of importance:	
Cerebral Hemorrhage	1
Chronic Nephritis	

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Archie Robert Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

89903 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89903

CERTIFICATE OF DEATH

V 186-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp 47-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dozi Hawkins Green

(a) Residence: No. 617 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Jan 4-1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of Father: Milton Hawkins

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME of Mother: Mary Elizabeth Mitchell

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Mary Green (Address) 617 George.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 27, 1933

UNDERTAKER: Mrs Katie L. Williams (Address) 422 E Schroeder St.

FILED: 1933 Registrar: Katie L. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26th, 1933

22. I HEREBY CERTIFY That I attended deceased from . 19 . to . 19 .

I last saw him alive on April 25 . 19 33 Death is said to have occurred on the date stated above at m

The principal cause of death and related (non-) of importance were as follows:

	Date of onset
Accident Fractured Skull	
Other contributory causes of importance: Fell out Swing in Druid Hill Park.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury . 19

Where did injury occur? Fell out Swing (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Druid Hill Park.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek Coroner . M. D.

(Address) Examiner

M. D. B. 1965-9

E 89904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89904

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md St., 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. Life

2. FULL NAME Madge B Johns

(a) Residence: No. 1127 E. Lombard St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chambermaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 070

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Johns

14. BIRTHPLACE (city or town) (State or country) S. Shore, Md.

MOTHER

15. MAIDEN NAME Mary Alice Dyson

16. BIRTHPLACE (city or town) (State or country) Worcester Co., Md

17. INFORMANT Reena Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Edbury cemetery Date April 28 1933

19. UNDERTAKER Edw Dyson

(Address) 1651 Orleans St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-33

22. I HEREBY CERTIFY, That I attended deceased from 4-21-33, 19..., to 4-23-33, 19..... I last saw h[illegible] alive on 4-23-33, 19..... Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-18-33

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in answer to the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

4-27-33 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

89905

2719 44

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89905

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Beatrice Nelson

(a) Residence: No. 1835 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 7-6-1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Young

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hattie Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date April 27 1933

19. UNDERTAKER Edw Bryan
(Address) 1691 Orleans St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to April 23, 1933

I last saw her alive on April 23, 1933. Death is said to have occurred on the date stated above, at 1055 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	4-5-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edw. H. Cunningham M. D.

(Address) Johns Hopkins Hospital

Spec.—2-25-28—L. F. S.—500 Bks.

89906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 E 89906

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9 Lisanby ST. 10-01 WARD)

2—FULL NAME Sr. M. Tillman Schmidt

(a) RESIDENCE NO. Convent - Notre Dame STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 23 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5 4	2 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 65

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Sisters of Notre Dame

BIRTHPLACE (city or town) (State or country) St. Agatha Ontario

10 NAME OF FATHER Nicholaus Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Wink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Sisters of Notre Dame

(Address)

Filed ____ 19 Huntington, Indiana Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1933

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to April 26, 1933,

that I last saw h alive on April 26, 1933

and that death occurred, on the date stated above, at 1.30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Chr Nephritis

Arteriosclerosis

Terminal pneumonia

(duration) 2-3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) E. J. Kirby, M. D.

4/27, 1933 (Address) 110 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md. DATE OF BURIAL April 28 1933

20 UNDERTAKER Frank A. Fink ADDRESS 9150 E Lanvale

M. D. R. 1268-9

E 89907 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 89907

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Sponsor St (or location) St., 35 Ward)

Length of residence in city or town where death occurred 30 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva M Bopst

(a) Residence: No. 1930 Sponsor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Bopst

6. DATE OF BIRTH (month, day, year) February 4th 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Upton Wilhelm

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Bull

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Edwin Bopst

(Address) 1930 Sponsor St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4/29/ 1933

19. UNDERTAKER John J Cowan & Son

(Address) 944 Hollins St

Huntington Indiana

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/27 1933 to 4/27/33 19...

I last saw her alive on 4/27 33 19... Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cul. Phthisis Pulm	3 yrs
Other contributory causes of importance:	
(Wasting Illness)	
Pharyngeal Ca.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard J Tenny, M. D.

(Address) 910 W Lombard

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89908

CERTIFICATE OF DEATH

E 89908

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Rigdon

(a) Residence: No. Rocks (Usual place of abode) Maryland St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 4-6-33

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Rigdon

14. BIRTHPLACE (city or town) (State or country) Forest Hill Md.

15. MAIDEN NAME Margaret Lee Chapman

16. BIRTHPLACE (city or town) (State or country) Kingsville Md. Md.

17. INFORMANT Mrs Margaret Lee Rigdon

(Address) Rocks Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Worthington Cem Date April 28 1933

19. UNDERTAKER Edward Gore

(Address) Forest Hill Md

20. FILED APR 27 1933 Huntington Md., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-6- ..., 1933, to 4-26- ..., 1933

I last saw her alive on 4-26-, 1933. Death is said to have occurred on the date stated above, at 6 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity -	2 hrs.
Other contributory causes of importance: Malformation of Umbilical Cord - Gastro-enteritis	10 days

Name of operation Normal Delivery Date of 4-6-33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Richard C. Cumming, M. D.

(Address) The Church Home and Infirmary

M. D. B. 1268-9

89909

HEALTH DEPARTMENT—CITY OF BALTIMORE 89909

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 E. 20th. St. St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine M. Lauer

(a) Residence: No. 519 E. 20th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Lauer

6. DATE OF BIRTH (month, day, year) May 3rd. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Welsh

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Donohue

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Margaret Lauer

(Address) 519 E. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 29th. 33

19. UNDERTAKER Chas. F. Grace & Son

(Address) 115 W. Pat. Boulevard.

20. FILED R27 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th. 33

22. I HEREBY CERTIFY, That I attended deceased from April 21st. 1933 to April 26 1933

I last saw her alive on April 26 1933 Death is said to have occurred on the date stated above, at 3.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 21 33
Other contributory causes of importance: Hemiplegia - right side	Apr 21 33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reginald J. Tonry M. D.

(Address) 414 E. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89910 E 89910

CERTIFICATE OF DEATH

20-01 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Loudon Ave. St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Bryan Isbell

(a) Residence: No. 109 S. Loudon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) January 27, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Arnold B. Isbell

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Dorothy Walters

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mr. Arnold B. Isbell
(Address) 109 S. Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date April 27, 1933

19. UNDERTAKER Cook
(Address) 1003 W. Baltimore St.

APR 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 22 1933 to Apr 25 1933

I last saw him alive on Apr 25 1933 Death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acc Burns fem	4 23 33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H R Knell, M. D.

(Address) 4207 Frederick Ave.

M. D. B. 1268-4

E 89911

27203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89911

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Bittinger

(a) Residence: No. 6614 Fort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 6-10-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landlady do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Samuel Koontz

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Cemetery 4/29 1933
East Hagerstown Date

19. UNDERTAKER Lucian Cook
(Address) 1217 Sx Paul St

FILED, 19 Registrar.

4 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933 to April 26, 1933

I last saw h.e alive on April 26, 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcerative endocarditis	
Acute Bacterial Endocarditis	
? Meningitis	
Encephalitis	

Other contributory causes of importance:

Aortic stenosis & insufficiency
? Mitral insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dean A. Clark M. D.

(Address) Johns Hopkins Hospital.

30—M. & T.—100 B—50L

89912

✓ E 89912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1146 W. Hamburg St. ST. 21-01 WARD)

2-FULL NAME Henry I. Schmelz.

(a) RESIDENCE NO 1146 W. Hamburg St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If ~~married, widowed, or divorced~~ HUSBAND of ~~HUSBAND of~~ Virginia Schmelz.

DATE OF BIRTH (month, day, and year) May 3, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Oil Station Attendant. 086
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Sherwood Bro

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Henry Schmelz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Annie R. Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurel, Md.

Informant Annie R. Schmelz. (mother)

(Address) 1146 W. Hamburg St.

Filed ..... 192 ~~Huntington Whitehurst~~ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

4/26/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Apr 29 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

M. D. B. 1268-B

89913

HEALTH DEPARTMENT—CITY OF BALTIMORE

89913 E 131

CERTIFICATE OF DEATH

Registered No.:

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Gorsuch Ave St., 9-41 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William G. Liven

(a) Residence: No. 1144 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Liven

6. DATE OF BIRTH (month, day, year): Sept. 3 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Edgar Wood

10. Date deceased last worked at this occupation (month and year): Oct 1927

11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Harford Md

FATHER

13. NAME: Peter Liven

14. BIRTHPLACE (city or town) (State or country): Harford Md

MOTHER

15. MAIDEN NAME: Minnamy Sater

16. BIRTHPLACE (city or town) (State or country): Harford Md

17. INFORMANT: Mrs Mary L Liven

(Address): 3026 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mayland Park Date: April 28th 1933

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1933 to April 26 1933

I last saw h alive on April 25 1933. Death is said to have occurred on the date stated above, at 7:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Hypertension cardio-vascular	
renal disease	1920
Chr. Myocarditis	1925
Cerebral Hem... base	1933

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6067 Harford Rd

M. D. B. 1268-9

89914 HEALTH DEPARTMENT—CITY OF BALTIMORE 89914

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 E. 34th St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nettie P. Kurtz

(a) Residence: No. 719 E 34th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7th 1857

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Lewis Ernst Kurtz

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Elizabeth Parker

16. BIRTHPLACE (city or town) (State or country) Vance Burg Ky

17. INFORMANT Lewis V. Kurtz

(Address) 2313 Allendale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

R 67 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932 to Apr 25, 1933

I last saw her alive on Apr 24, 1933. Death is said to have occurred on the date stated above, at 1.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	✓

Other contributory causes of importance:

Malignant Cachexia	✓

Name of operation Removal of Breast Date of ✓

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so specify ...

(Signed) John A. Treland M. D.

(Address) 12-19 Poplar Grove

1-30—M. & T.—100 B—50L

915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO. E 89915

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. (ST.) 26-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Ann Smith.

(a) RESIDENCE NO. 5207 Greenhill Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~WIDOWED OR DIVORCED~~ (or) WIFE of Frank H. Smith.

6 DATE OF BIRTH (month, day, and year) March 20, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sykesville, Md.

PARENTS

10 NAME OF FATHER William Crooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Hannah M. Fogle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md.

14 Informant Frank H. Smith. (husband)
(Address) 5207 Greenhill Ave.

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

broncho-pneumonia.

unknown.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 5207 Greenhill Ave. April 25, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Ellis M. Arrington Coroner, M. D.

4/26/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL April 29 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Filed April 27 1933 Huntington Whitmore

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89916

89916

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 26-01 Ward)

Length of residence in city or town where death occurred ..yrs.. 24 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mr. Charles Cooksey

(a) Residence: No. 829 Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Frances G. Hamling

6. DATE OF BIRTH (month, day, year) Sept. 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	65	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John R. Cooksey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Margaret Benhoff

(Address) Essex Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Apr. 27, 1933

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933 to April 24, 1933

I last saw h alive on April 24, 1933 Death is said to have occurred on the date stated above, at 10:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Broncho pneumonia	

Other contributory causes of importance:

Benign Prostatic Hypertrophy
Incarcerated right inguinal hernia

Name of operation Cystotomy Date of 4-21-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clyde Robert Coleman M. D.

(Address) 3 East Lexington St.

M. D. B. 1268-9

89917 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89917.

CERTIFICATE OF DEATH

164-001

Registered No. .

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 Aiken St., 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rowena Frances Graft

(a) Residence: No. 2140 Aiken St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Russell Graft

7. DATE OF BIRTH (month, day, year) April 20/1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly seamstress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Harry Hanman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie Kennedy

16. BIRTHPLACE (city or town) (State or country) Charlestown, Va.

17. INFORMANT John Russell Graft
(Address) 2140 Aiken St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible], 19[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25/33

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury [illegible], 19[illegible]
Where did injury occur? Apr 25/33
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury All burners on gas range
Nature of injury on 2nd floor.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible] Coroner. M. D.
(Address) 508 E [illegible]

M. D. B. 1268-0

E 89918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89918

CERTIFICATE OF DEATH

117-001

6-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N Bond St., 6-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Jones

(a) Residence: No. 211 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mathilda Jones

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME John Cooper

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Annie Davis

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Family

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/28/33

19. UNDERTAKER Robert H Nichols

(Address) 1016 N Fredrick St

20. FILED APR 27 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1933 to Apr 25, 1933

I last saw him alive on Apr 25, 1933 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Neur	Oct. 1932

Other contributory causes of importance:

Bronchopneumonia	Apr 23 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Bernard Davis M. D.

(Address) 1207 N Caroline St

M. D. [illegible]

89919

✓ E 89919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Eastern ave St. 2-91 Ward)

Length of residence in city or town where death occurred unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice A Samuels

(a) Residence: No. 1817 Eastern ave St., 2. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Albert Samuels.

6. DATE OF BIRTH (month, day, year) Dec 29 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colombia Pa.

FATHER

13. NAME Shannon Salyards.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Edith M. Langrehr (Daughter)
(Address) 1817 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Apr. 28 1933.

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3 1933 to April 25 1933

I last saw her alive on ..... at 2 p.m. 1933. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Rectum	14 yr.

Other contributory causes of importance:

Cardiac Failure

Name of operation None Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Shear M. D.

4/25/33 (Address) 408 S Pat Park ave

M. D. B. 1268-9

E 89920 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89920

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 27-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 14 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan David Becker

(a) Residence: No. 2512 N. Charles St. Ward. Hamilton

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 30, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Emil Becker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Margaret Gerstein

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. H. Rinde

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pastmoorder Date April 28, 1933

19. UNDERTAKER Leonard Ford

(Address) 1205 Madison Ave

20. FILED ..... 19 ..... Registrar.

APR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to April 26, 1933

I last saw him alive on April 25, 1933. Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Meningitis	4/20/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis R. Schlesinger M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89921

CERTIFICATE OF DEATH

95-002 E 89921

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Elmley ave St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie J Kelly

(a) Residence: No. 3322 Elmley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1st married

6. DATE OF BIRTH (month, day, year) May 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Brigid Simmons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. E Connor

(Address) 3322 Elmley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dear Cathedral Date April 29 33

19. UNDERTAKER John A. Thorn

(Address) 3000 E. Balto St.

20. FILED 29 Registrar.

7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1933, to Apl 24, 1933

I last saw her alive on Apl 23, 1933 Death is said to have occurred on the date stated above, at 11 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Nephritic disease	1931
Other contributory causes of importance: Cerebral Hemorrhage	1931

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J W Keown M. D.

(Address) 1938 Linden Ave

M. D. B. 1268-9

89922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 133 E 89922

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 4th-Ct Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Torgerson

(a) Residence: No. 1 Cedar Park Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of William Torgerson

6. DATE OF BIRTH (month, day, year) Aug 10, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Nov 15, 1933

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Conrad Emrich

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Mary Gunterman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records (Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 28 1933

19. UNDERTAKER John F. Deeny (Address) 715 Light St Extn Baltimore, Md

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1933 to April 26, 1933

I last saw h alive on April 25, 1933. Death is said to have occurred on the date stated above, at 12:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral hydro-nephrosis	unk
Other contributory causes of importance:	
Uremia	unk
	unk

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur D Emmart M. D.

(Address) Mercy Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89923 34 E 89923

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hosp. St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roy Garland

(a) Residence: No. 1509 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie (Separated)

6. DATE OF BIRTH (month, day, year) ? 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	40		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeling W. Va

FATHER

13. NAME Henry Garland

14. BIRTHPLACE (city or town) (State or country) Danville Va

MOTHER

15. MAIDEN NAME Mary Bigler

16. BIRTHPLACE (city or town) (State or country) Danville Va

17. INFORMANT Records Balt. City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date April 29. 1933

Ft. J. National Cem

19. UNDERTAKER Woodall & Lloyd

(Address) 3rd & Calhoun Sts

Registrar.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29. 1933 to April 25. 1933

I last saw h live on April 25 1933 Death is said to have occurred on the date stated above, at 8:25 A.m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency ? (1933)

Date of onset

March ? (1933)

Other contributory causes of importance:

Myocardial failure

March 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Baltimore City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89924 CERTIFICATE OF DEATH E 89924

1. PLACE OF DEATH Balto. City Hospitals 93-003 Registered No.

CITY OF BALTIMORE: (No. Balto. St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME mike Milivitz

(a) Residence: No. 109 N. Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 40

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME mike —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Cem Date April 27 1933

19. UNDERTAKER [illegible]
(Address)

[illegible] Registrar.

APR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1933 to 4-23 1933

I last saw him alive on 4-23 1933 Death is said to have occurred on the date stated above, at 9:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? ? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-25-33 (Signed) Cancer Hospital M. D.
(Address) Balto. City Hospitals

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89925

CERTIFICATE OF DEATH

X 66-002

E 89925

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 13 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Veda Ireland

(a) Residence: No. Chesapeake City St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 24 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Md.

13. NAME Geo A. Ireland

14. BIRTHPLACE (city or town) (State or country) Galena Md

15. MAIDEN NAME Mary R. Spry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Holden L. Ireland

(Address) Chesapeake City Md

18. BURIAL, CREMATION, OR REMOVAL

Place Galena Md Date Apr. 29. 1933

19. UNDERTAKER John O. Middleton & Son

(Address) 1600 Eutaw Place

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15 1933 to April 27 1933

I last saw her alive on April 27 1933. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	4/27/33
Respiratory failure	4/27/33

Other contributory causes of importance:

Thyrotoxicosis

Name of operation thyroidectomy Date of 4/27/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maynard Swan M. D.

(Address) University Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89926

CERTIFICATE OF DEATH

E 89926

82-201

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1618 Edmondson Ave (St.) (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Ross Jones

(a) Residence: No. 1618 Edmondson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hezekiah Jones

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Perry Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Maxfield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie C. Travers

(Address) 1618 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr 30 1933

19. UNDERTAKER James A. Hayes

(Address) 142 Wallace St Huntingtown Pottawatomie, N.C.

FILED Apr 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to April 26, 1933

I last saw h[illegible] alive on April 26, 1933 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Cerebral Hemorrhage	April 1
Other contributory causes of importance: Arteriosclerosis	Years

Name of operation None Date of

What test cnnfirmed diagnnsis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature nf Injury

24. Was disease or injury in any way related to occupation nf deceased?

If so, specify

(Signed) Charles N. Forrest M. D.

(Address) 7125 Stanford Rd

1-30—M. & T.—100 B—50L

E 89927

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 89927

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Frederick Ave & North Bend Rd. ST. 20-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Donnell.

(a) RESIDENCE NO 33 S. Pulaski St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ---mos.---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Do not know.

6 DATE OF BIRTH (month, day, and year) August 1, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65	8	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Armament winder.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Indiana.

PARENTS

10 NAME OF FATHER William Donnell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana.

12 MAIDEN NAME OF MOTHER Hannah.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Cecelia Kalter.
(Address) 33 S. Pulaski St.

15 Filed ... 192 ... Registrar

7 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 33 S. Pulaski St. April 26, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Leinhardt, M. D. Coroner

4/26/33 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Co. DATE OF BURIAL April 29 1933

UNDERTAKER George L. Schwartz ADDRESS 220 Fulton Ave.

1-30—M. & T.—100 B—50I.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89928

E 89928

59

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 Parksley St. ST. 20-01 WARD)

2-FULL NAME Laura Baumgartner.

(a) RESIDENCE NO 425 Parksley St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced
RESIDENCE
(or) WIFE of August Baumgartner.

6 DATE OF BIRTH (month, day, and year) April 1, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John DeGrief.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant August Baumgartner. (husband)
(Address) 425 Parksley St.

15 Filed , 192 Registrar

71933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dabetes Mellitus.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Ella M. Dinkhardt, M. D. Coroner

4/27, 19 1933 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Apl 29 19 33

20 UNDERTAKER Kerry Memorial Co. 4204 Ridgewood Ave

ADDRESS

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89929

Registered No. 89-801

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Edna Davis

(a) Residence: No. 21 Parkhip Road St., Sundale, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Davis

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Elizabeth Mackey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Decorde

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/29 1933

19. UNDERTAKER William Cook

(Address) 1421 St. Paul St

Interment or Removal N.B.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23 1933 to April 27 1933

I last saw her alive on April 27 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Lobar Pneumonia~~	4/23/33
Otitis media	3/29/33
Brain abscess	4/25/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John B. Swayne M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

89930 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89930

CERTIFICATE OF DEATH

93-003 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2045 E. Lombard St., 2-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Winfield S. Bullock

(a) Residence: No. 2045 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Frances Bullock

6. DATE OF BIRTH (month, day, year) Mar 25th 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 014

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Maker

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME John S. Bullock

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Anna Dolton

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Maud Clagett
(Address) 2045 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 29th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED 4-27-33 Huntington Fitz. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to April 27 1933

I last saw him alive on April 27 1933 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	7
(b) Myocarditis	1

Other contributory causes of importance:

Senility	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Wm F Finney Co. M. D.

4/28/33 (Address) 2007 E Baltimore

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89931

CERTIFICATE OF DEATH

75 E 89931

Registered No.

1. PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Monahan

(a) Residence: No. Forrest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R Trainman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Frederick Monahan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Amelia Greatchel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl Schmidt

(Address) 3906 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st.

APR 27 1933 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on January . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acut alcoholism

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis ? history Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton M. D.

(Address) 700 E Chase Coroner

M. D. B. 1268-9

E 89932

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89932

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgeanna Krug

(a) Residence: No. 5608 Belair Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Krug

6. DATE OF BIRTH (month, day, year) Nov. 30, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Adolphus Reynolds

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT George Krug
(Address) 5608 Belair Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 29 1933

19. UNDERTAKER John E. Miller
(Address) 2235 E. Chase St

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933 to April 26, 1933

I last saw her alive on April 26, 1933. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Left Base	
Other contributory causes of importance: Toxemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kimmel, M. D.

(Address) St Joseph's Hosp

M. D. B. 1268-9

B 89933

HEALTH DEPARTMENT—CITY OF BALTIMORE

89933

CERTIFICATE OF DEATH

XV 82-002

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin H. Simpson

(a) Residence: No. Ellicott City Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma E. Mrs Simpson

6. DATE OF BIRTH (month, day, year) August 23, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20 yrs	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm. 040

10. Date deceased last worked at this occupation (month and year) 4/1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Roland L. Simpson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma E. Hill

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Roland L. Simpson
(Address) Dayton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Chapel Date May, 1933

19. UNDERTAKER Easton Sons
(Address) Ellicott City, Md.

FILED 5-26-1933 Huntington Williams, Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1933, to 4-27, 1933

I last saw h alive on 4-27, 1933. Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	
	about 7

Other contributory causes of importance:

Septicaemia
Lacerations Brain & Membranes
Fatal " "
Fatal " "

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Robert W. Allison, M. D.

(Address) St. Agnes Hosp.

M. D. B. 1268-9

89934 F 89934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. 12-C Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas Holmes Jr.

(a) Residence: No. 2635 Bernard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Althea Holmes (nee Hatte)

6. DATE OF BIRTH (month, day, year) Dec 25, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Thomas Holmes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary McDermott

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Northwestern Date May 1st 1933

19. UNDERTAKER Baltimore Co.
(Address) 3411 Eastern Ave.

20. FILED 1933 Hiram [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to April 27, 1933.

I last saw him alive on April 27, 1933. Death is said to have occurred on the date stated above, at 12 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Pneumococcus type I)	5 days
Other contributory causes of importance: Acute and Chronic alcoholism Delirium Tremens	10 days

Name of operation ..... Date of ..... 19..

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. W. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89935

E 89935

CERTIFICATE OF DEATH

34 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Taylor

(a) Residence: No. 1701 N Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Miles Taylor

6. DATE OF BIRTH (month, day, year) Nov 11 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Mary Matherman

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Virginia Haley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Taylor

(Address) 1701 N Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 4/20/33

19. UNDERTAKER Mrs. George F. Pollard

(Address) 1631 Druid Hill Ave

20. FILED 4-20-33 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from ——— 19 ... to ——— 19 ...

I last saw h— alive on ——— 19 ... Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	

Other contributory causes of importance:

Abortion	

Name of operation ——— Date of ———

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ——— 19 ...

Where did injury occur? ——— (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of Injury ———

Nature of Injury ———

24. Was disease or injury in any way related to occupation of deceased? ———

If so, specify. ———

(Signed) ——— M. D. Coroner

(Address) 1201 N Patterson Pk

M. D. R. 1268-9

89936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89936

V 45

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME David Rood Penn. cor + St. Mary's st ext.

(a) Residence: No. St. Josephs Seminary, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha [illegible]

6. DATE OF BIRTH (month, day, year) 5-16-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Rose

14. BIRTHPLACE (city or town) (State or country) St. Marys Co., Md

MOTHER

15. MAIDEN NAME Mary Bean

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Record Balto. city Hospitals.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 28 1933

19. UNDERTAKER Jno Geo. H. Holland

(Address) 63 Druid Hill Ave

20. FILED MAY 3 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-33

22. I HEREBY CERTIFY, That I attended deceased from 2-16 33, to 4-25 33

I last saw him alive on 4-25 33 Death is said to have occurred on the date stated above, at 9:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	1-1-33

Other contributory causes of importance: None

Name of operation None Clinical Date of

What test confirmed diagnosis? ↑ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-25-33 (Signed) Elmer Heidbreder Jr. M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 97 E 89937

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Smothers

(a) Residence: No. 624 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Joseph

6. DATE OF BIRTH (month, day, year) 8-16-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43 44	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation — 0 27

12. BIRTHPLACE (city or town) (State or country) — N. J.

FATHER

13. NAME — Joseph Baker

14. BIRTHPLACE (city or town) (State or country) — Unknown

MOTHER

15. MAIDEN NAME — Lavinia Stupley

16. BIRTHPLACE (city or town) (State or country) — Unknown

17. INFORMANT — Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 5/1/33

19. UNDERTAKER — Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED ..... 19..... [illegible]

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to April 27, 1933

I last saw her alive on April 27, 1933. Death is said to have occurred on the date stated above, at 4 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	4-27-33
Other contributory causes of importance: Mitral stenosis	11-1-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean A. Clark, M. D.

(Address) Johns Hopkins

M. D. B. 1268-B

89938 HEALTH DEPARTMENT—CITY OF BALTIMORE 89938

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles FRITZ Sr.

(a) Residence: No. 4003 Southern Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Mrs. Margaret Fritz

6. DATE OF BIRTH (month, day, year) Jan. 1st 1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter-Decorator

9. Industry or business in which work was done, as silk mill, saw mill, hank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME J. Fritz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha Zimmerle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Fritz

(Address) 4003 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 29. 1933

19. UNDERTAKER Henry Stoeckert Sons Inc.

(Address) 1301 E. Lafayette Ave

20. FILED 2 01933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23 1933 to April 25 1933

I last saw her alive on April 24 1933 Death is said to have occurred on the date stated above, at 9:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 24

Other contributory causes of importance:

Arteriosclerosis

Chr. Nephritis

Chr. Cholecystitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

89939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89939

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 150 N. Potomac St., 6-01 Ward)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A Bopp.

(a) Residence: No. 150 N. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara V Bopp

6. DATE OF BIRTH (month, day, year) Oct. 19 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME John V Bopp.

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Theodore V Bopp (Son)
(Address) 150 N Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 1 1933

19. UNDERTAKER E & B Harle
(Address) 115 E 23rd St

20. FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1933 to April 27 1933

I last saw h... alive on 4-27 1933 Death is said to have occurred on the date stated above, at 9.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1924
Cerebral Hemorrhage	4-27

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward Lewis M. D.

(Address) 1215 N. Washington

M. D. B. 1268-9

E 89940 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89940

CERTIFICATE OF DEATH

93003 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Hickory Ave St., 13-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Proctor

(a) Residence: No. 3429 Hickory Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Proctor

6. DATE OF BIRTH (month, day, year) Sept 25, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59.	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Joseph Kerr

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT William M. Crawford
(Address) 3429 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 29, 1933

19. UNDERTAKER Theodore H Lon
(Address) 3415-17 Christmas Ave

20. FILED ... 19... [illegible] Registrar

APR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1933 to Apr 27, 1933

I last saw her alive on Apr 26, 1933 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	
Other contributory causes of importance:	
Chr. Myocarditis	2 yrs
& Arterio Sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. L. Lichtenberg, M. D.

(Address) 22 W Madison St

A4Co. 5-31 250B

E 89941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89941

82-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5320 Old Frederick Road (St.) 24-01 (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Tribully

(a) Residence: No. 5320 Old Frederick Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reinhold Tribull

6. DATE OF BIRTH (month, day, year) Oct 14-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER FATHER

13. NAME August Richstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hippenstiel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Adeline Tribull

(Address) 5320 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Apr 29, 1933

19. UNDERTAKER Robt C & B. M. Walters

(Address) 3320 Edmondson Ave

20. FILED Apr 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1933 to Apr 26, 1933

I last saw her alive on Apr 26, 1933 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral thrombosis	Apr 24

Other contributory causes of importance:

cardiac decompensation

Name of operation — Date of —

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. J. Kipper, M. D.

(Address) 3321 Forest Ave

M. D. B. 1268-9

89942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89942

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W Biddle, 17-01 Ward)

Length of residence in city or Town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Park

(a) Residence: No. 517 W Biddle St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1853

7. AGE: Years 80 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Record Home for Aged (Address) 517 W. Biddle

18. BURIAL, CREMATION, OR REMOVAL: Laurel Cem Date 4/28/33

19. UNDERTAKER: Samuel J. Hensley (Address) 5-28 Winchester Ave Suitland, Md

20. FILED 29 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation: Regular Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. E. Smith Coroner, M. D.

(Address)

M. D. B. 1268-9

89943

HEALTH DEPARTMENT—CITY OF BALTIMORE

89943

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N Fulton St., 15-81 Ward)

Length of residence in city or town where death occurred 63 yrs. 0 mos. 25 ds. How long in U. S. If of foreign birth? 63 yrs. 0 mos. 5 ds.

2. FULL NAME William Stehl

(a) Residence: No. 1327-N.-Fulton St., Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Fannie B. Stehl

6. DATE OF BIRTH (month, day, year): March 31 1870

7. AGE: Years 63 | Months 0 | Days 25½ | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): None | 11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Henry Stehl
14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Caroline -?-?-?
16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Mrs Fannie B Stehl 1327-N.-Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Apr-28 1933

19. UNDERTAKER (Address): Stewart Mowells Co 108 W North Ave

FILED: Apr 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 28 1932, to April 25, 1933

I last saw h[illegible] alive on April 25, 1933. Death is said to have occurred on the date stated above, at 6[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unknown

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify .....

(Signed) Fred C Jewett, M. D.

(Address) 2576 Pennsylvania

M. D. B. 1268-9

89944 HEALTH DEPARTMENT—CITY OF BALTIMORE 89944

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Clifton St., 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 32 0 24

2. FULL NAME Myrtle Jones Tudor

(a) Residence: No. 3502 Clifton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Scott Tudor

6. DATE OF BIRTH (month, day, year) April 3/1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: William W Jones

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth L Shaffer

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr. J Scott Tudor (husband)

(Address): 3502 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Apl 29. 1933

19. UNDERTAKER: Stewart Mortuary

(Address): 28 Lyndhurst Ave.

20. FILED: Apr 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 27. 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1931 to Apr 27 1933

I last saw her alive on Apr. 26 1933 Death is said to have occurred on the date stated above, at 5-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec/1931

Other contributory causes of importance:

none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Dreckmeier M. D.

(Address) 846 W Balto

M. D. B. 1268-9

89945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89945

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Union Memorial Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St. 15-01 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Worthington

(a) Residence: No. 4023 Roland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? —

6. DATE OF BIRTH (month, day, year) 4-27-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Brice John Worthington

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mrs Brice John Worthington

16. BIRTHPLACE (city or town) (State or country) Wrongeling, W. Va.

17. INFORMANT Mrs Brice John Worthington
(Address) 4023 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Crownsville Md Date 4/28 '33

19. UNDERTAKER William Cook
(Address) 1212 St Paul St

20. FILED ..... 19.. ..... Registrar.

PR 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 11:20 am 4-27 1933 to 2:30 pm 4-27 1933

I last saw he alive on 4-27 1933. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Post partum Toxemia	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Hollister Davis, M. D.

(Address) Union Memorial Hospital

Instructions on back of certificate.

M. D. B. 1268-0

E 89946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89946

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dawson St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll McKinley Clark

(a) Residence: No. 1041 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8 mos	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Wilbert Clark

14. BIRTHPLACE (city or town) Orange Co. (State or country) Virginia

MOTHER

15. MAIDEN NAME Cordell Winston

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Cordell Clark
(Address) 1041 W Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Moriah Cemetery Date July 29, 1933

19. UNDERTAKER Mr Katie M. Wilson
(Address) 322 E. School St.

20. FILED JUL 26 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933 to July 27, 1933

I last saw him alive on July 27, 1933 Death is said to have occurred on the date stated above, at 7 30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 3 '33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) B. T. Harris, M. D.

(Address) Provident Hospital

Dec.

Instructions: Use typewriter or pen and ink. Be sure to answer all questions. See instructions on back of certificate.

AACo. 5-31 2508

E 89947. HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 89947.

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Vine st. St., 10-01 W. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Buckner

(a) Residence: No. 1829 Vine st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2 nd. 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jas. Buckner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Florence Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Jas. Buckner
(Address) 1829 Vine st.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date April 29, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder ste.

20. FILED APR 26 1933 19 ... Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th. 19 33

22. I HEREBY CERTIFY, That I attended deceased from April 26th. 1933 to April 26th 33
I last saw her alive on 4-26-'33 19 ... death is said to have occurred on the date stated above, at 7;15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-23-1933
Other contributory causes of importance: Exposure	

Name of operation None Date of ...
What test confirmed diagnosis? Physical Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Walter J. Jackson, M. D.
(Address) 1631 W. Franklin st.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89948

CERTIFICATE OF DEATH

82-001

E 89948

Registered No.

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto Md. St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Sappington

(a) Residence: No. 320 W. Mulberry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry —

6. DATE OF BIRTH (month, day, year): July 4 1878

7. AGE: Years 54 | Months 9 | Days — | LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Frederick City, Md

FATHER

13. NAME: Ephes Richardson

14. BIRTHPLACE (city or town) (State or country): Chambersburg Pa

MOTHER

15. MAIDEN NAME: Rebecca Jones

16. BIRTHPLACE (city or town) (State or country): Chambersburg Pa

17. INFORMANT: Records Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Cem Date 4-28-33

19. UNDERTAKER: Leland Easton
(Address) 2101 E. Fayette St

20. FILED . 19 Registrar.

APR 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-23-33

22. I HEREBY CERTIFY, That I attended deceased from 10-3-32 to 4-23-33

I last saw h alive on 4-23-33. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	10-1-32
Other contributory causes of importance: arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) 7-7-33 Elmer Higbee Jr M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

E 89949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89949

CERTIFICATE OF DEATH

Registered No. 178-004

1. PLACE OF DEATH Sinai Memorial Hospital

CITY OF BALTIMORE: (No.) 3223 Aaron ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F. Gill

(a) Residence: No. 3223 Aaron ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
WIFE (or HUSBAND) of Lyda L Gill

6. DATE OF BIRTH (month, day, year) Sept 13 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agent
10. Date deceased last worked at this occupation (month and year) July 1932
11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Mt Vernon Texas

FATHER

13. NAME Talbott W Gill
14. BIRTHPLACE (city or town) (State or country) Mt Vernon Texas

MOTHER

15. MAIDEN NAME M Smith
16. BIRTHPLACE (city or town) (State or country) Mt Vernon Texas

17. INFORMANT Mrs M Lyda Gill
(Address) 3223 Aaron Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date April 28 1933

19. UNDERTAKER Geo Lilly & Sons
(Address) Baltimore Md

20. Filed 1933 Interior Vital Statistics Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Gas (Accidental)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm A Schumann Coroner, M. D.

(Address) 3032 Rolandale

Spec.—9-30—A. & Co.—250 Blks.

E 89950

E 89950 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. 405 N. Wallas St. 6-01 WARD)

2 FULL NAME Mary Briscoe

(a) RESIDENCE NO. 405 N. Wallas ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Briscoe

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rosetta Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Lottie M. Brooks 405 N. Wallas St

15 Filed APR 28 1933 Attest: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25/33

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1932 to April 25 1933
that I last saw her alive on April 24 1933
and that death occurred, on the date stated above, at 7.30 P. M.

The CAUSE OF DEATH* was as follows:
Involvement of Glosso-Pharyngeal Nerve Causing a Paralysis of throat muscles (& inability to swallow)
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis. Facial Paralysis and Myocarditis also Hemiplegia (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical

(Signed) R. J. Gundry M. D.
4/28/33 (Address) 1424 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cem

DATE OF BURIAL: 4-29 1933

20 UNDERTAKER: Byron & Mamie W. Wright

ADDRESS: 1218 McElderry St

M. D. R. 1268-9

89951

HEALTH DEPARTMENT—CITY OF BALTIMORE 89951

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Balto. Md St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Biermeister

(a) Residence: No. 1818 Linden Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Alice ?

6. DATE OF BIRTH (month, day, year) 4-1-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME John —

14. BIRTHPLACE (city or town) (State or country) Phila, Pa.

MOTHER

15. MAIDEN NAME Rosetta ?

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bay View Cemetery Date Apr 30, 1933

19. UNDERTAKER Joseph R Leach

(Address) North East Md

20. FILED ... 19... Registrar

CR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-33

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1933 to 4-25, 1933

I last saw him alive on 4-25, 1933 Death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	4-1932
Other contributory causes of importance: None	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

4-25-33 (Signed) Elmer Kirstenger M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

89952

HEALTH DEPARTMENT—CITY OF BALTIMORE 89952

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Conrad Adolf

(a) Residence: No. Sinai Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) ? 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Coffee Co

10. Date deceased last worked at this occupation (month and year) Mar 1927

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT F. J. Lahlosstein
(Address) 2130 Mt Holly St

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Parkwood Ed Date Apr 29 1933
Cook

19. UNDERTAKER Lehman
(Address) 647 St Paul

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to April 27 1933

I last saw him alive on April 27 1933. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance:	
Cerebral Embolism	4/26/33
arteriosclerosis.	?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wetherbee Fort M. D.

(Address) 20 E. Preston St. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

89953

E 89953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1708 N. Fulton ave ST. 15-01 WARD)

2 FULL NAME William H. Daley Jr.

(a) RESIDENCE NO. 1708 N. Fulton Ave., Balto ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Susan M. Daley

6 DATE OF BIRTH (month, day, and year) Sept 29th 1856

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Building

(c) Name of employer Hicks & Son

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Daley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Sophia Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Susan M. Daley
(Address) 1708 N. Fulton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27-33.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 27/33. 19~~33~~ to April 25th 1933,

that I last saw him alive on April 25th 1933,

and that death occurred, on the date stated above, at 4:00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Uncertain ds.

First symptoms probably 14 yrs. ago.

CONTRIBUTORY (Secondary) X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? T.B. in sputum, see

(Signed) E. E. Hoffman M. D.

April 29, 1933 (Address) 500 Garrison Blvd. Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL April 29th 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

M. D. B. 1268-9

E 89954 E 89954

HEALTH DEPARTMENT—CITY OF BALTIMORE

164-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. Mercy Hospital St., 5-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Hooper

(a) Residence: No. 907 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Hooper

6. DATE OF BIRTH (month, day, year) July 16 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 48	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co Penn

FATHER

13. NAME Samuel F Bamblitz
14. BIRTHPLACE (city or town) (State or country) York Co Penn

MOTHER

15. MAIDEN NAME Susan Stengle
16. BIRTHPLACE (city or town) (State or country) York Co Penn

17. INFORMANT Elmer Bamblitz
(Address) 402 S Ensey St York Pa

18. BURIAL, CREMATION, OR REMOVAL York Pa
Fremont County Date 4/28 1933

19. UNDERTAKER William Cook
(Address) 1217 S 1st Pueblo

FILED 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19
I last saw h alive on January . 19 Death is said to have occurred on the date stated above, at 7 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Gas (Illuminating)	
Suicide	Sudden

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury . 19
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James M Fenton . M. D.
Coroner
(Address)

M. D. B. 1268-0

89955

E 89955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 15-01 St.) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. da.

2. FULL NAME Samuel Becker

(a) Residence: No. 2211 Presbury St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Goldie Becker

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address) Home

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 4/28/33 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto St.

20. FILED Hunting for Williams

PR 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/33 19

22. I HEREBY CERTIFY, That I attended deceased from 3/9 19 33 to 4/27 19 33

I last saw h. alive on 4/27 19 33 Death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency due to	15 yrs
Hypertension	2 yrs
Nephritis	15 yrs.
Uremia	1 yr

Other contributary causes of importance:

Arteriosclerosis

Chronic nephritis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis E. Bogart M. D.

(Address) 1000 Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

E 89956

HEALTH DEPARTMENT—CITY OF BALTIMORE E89956

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5022 Queensbury Ave St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 21 yrs. ... mos. ... ds.

2. FULL NAME Meyer Stuck

(a) Residence: No. 5022 Queensbury Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Sena Stuck

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant G&S

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Abraham Stuck

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT wife
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Run Date 4/28/33, 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1459 E. Baltimore St.

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/33, 19

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to April 27, 1933

I last saw him alive on Apr. 26, 1933 Death is said to have occurred on the date stated above, at 1030 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Prostate Gland. Metastases to bones - Pelvis and ribs.	1931

Other contributory causes of importance:

Name of operation Removal of prostate Date of 1931

What test confirmed diagnosis? Microscopic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? (No) If so, specify ...

(Signed) Harry D. McCarty, M. D.

(Address) 137 W. Preston St.

APR 28 1933

M. D. B. 1268-9

E 89957 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89957

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Park Ave. St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James McCleary

(a) Residence: No. 1701 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4th, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sketch Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin. Decorating 001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Equitable Trust Co.
(Address) Fayette & Calvert Sts.

18. BURIAL, CREMATION, OR REMOVAL Ireland
Place Broughshane, County Antrim 5/5/33

19. UNDERTAKER Chas F. Krause & Son
(Address) 118 West Royal Ave

20. FILED 26 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 24- 1932 to April 18 1933

I last saw him alive on April 18 1933 Death is said to have occurred on the date stated above, at 10 00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphio Sarcoma.	

Other contributory causes of importance:

microscopic study B gland showed sarcoma. Removal of lymph gland from axilla

Name of operation. Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elmer B Keegan M. D.

(Address) 807 - Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1261-0

B 89958 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89958

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. 6-41

CITY OF BALTIMORE: (No. 2309-E. North Ave St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Bertha Nixon

(a) Residence: No. 2309-E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Nixon

6. DATE OF BIRTH (month, day, year) 12/15/1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Langguth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James Nixon
(Address) 2309-E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 4/29/33 19

19. UNDERTAKER Geary & Ruth Inc
(Address) 1705 Harford Ave

20. FILED 4/29 19 33 Registrar

R 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-33

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 33 to 4-27-33
I last saw h alive on 10 A M 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Rheumatic)	4 yrs
Other contributory causes of importance: acute cardiac dilatation	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ned Reves M. D.
(Address) 100 N Dueker St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89959

CERTIFICATE OF DEATH

V 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618-Darley Ave St., 8-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert F. Conroy

(a) Residence: No. 1618-Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 12/14/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs.
57	4	12	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City F. Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Conroy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Samuel Hall
(Address) 1618-Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 4.29/33 19

19. UNDERTAKER George J. Ruth Son
(Address) 1140 Hollins St. Interior Home

20. FILED 4/29 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Mason M. D.
Coroner

(Address) 1086 Hoyt Ave

M. D. R. 1268-9

Garabrandt

E 89960

89960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 Longwood Ave. 27-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Laura Garabrandt

(a) Residence: No. 544 Longwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clarence Garabrandt

6. DATE OF BIRTH (month, day, year) May 28 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Farmingdale N.J.

FATHER

13. NAME Abram Van Syckels

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Mary A. Hawley

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mr Ray Garabrandt

(Address) 544 Longwood

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 29 1933

19. UNDERTAKER J. H. Sheppard & Son

(Address) Forest & Pine

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to April 27 1933

I last saw her alive on April 27 1933. Death is said to have occurred on the date stated above, at 1. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Angina Pectoris	

Other contributory causes of importance:

Arteriosclerosis	
Senile Senses	

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Dodson M. D.

(Address) 2912 Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89961 Winslow H. Carswell (Carswell) E 89961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 5-01

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Winslow H. (Crosswell) Carswell

(a) Residence: No. 109 Aisquith St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Julia C. Croswell

6. DATE OF BIRTH (month, day, year) Apr 30 1877

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
61 ~~23~~	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____ 01

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George C. Croswell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Taylor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Clara L. Croxton

(Address) 2722 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date Apr. 29. 1933

19. UNDERTAKER Wm J. Tuckner Inc

(Address) Walbert Ave

18. FILED APR 29 1933 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1933 to Apr 27 1933

I last saw him alive on Apr 27 1933 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1932
Arteriosclerosis	Unknown

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Bennett A. Green M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 89962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89962

CERTIFICATE OF DEATH

91

Registered No. 71-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Mount Royal Ave. at St. Paul St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME VIRGINIA RUSSELL HOLLINGSWORTH

(a) Residence: No. St. Paul Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cyrus C. Hollingsworth

6. DATE OF BIRTH (month, day, year) Feb. 15, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Hanway

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Warren

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Clement W. Hollingsworth
(Address) St. Paul Apt. F-4 Mt. Royal Ave and St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Little Falls Cem. Fallston Md. 4/30/33

19. UNDERTAKER Chas. P. Travis Son
(Address) 118 W. Mt. Royal Ave

20. FILED [illegible] Baltimore

APR 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1920 to Apr. 28 1933
I last saw her alive on Apr. 26 1933. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
General Arteriosclerosis	
Chronic Arterial Hypertension	
Neuralgia Fifth Nerve (Right)	1920

Other contributory causes of importance:

Progressive general weakness.	1 yr.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Carroll Lockard M. D.

(Address) 4 E. Preston St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12 N. E. Rockford St Paul 324 St

89963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89963

92001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 E. 28th St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Gale Morgan

(a) Residence: No. 409 E. 28th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Grace Clark Morgan

6. DATE OF BIRTH (month, day, year) Jan 13th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired-Agent

10. Date deceased last worked at this occupation (month and year) ~~X~~

11. Total time (years) spent in this occupation ~~X~~

12. BIRTHPLACE (city or town) (State or country) Cecil Co Md.

FATHER

13. NAME George G. Morgan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Anne Morgan

(Address) 404 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 29th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED ... 19 ... Registrar.

R 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th 1933

22. I HEREBY CERTIFY That I attended deceased from August 28 1932 to April 27 1933

I last saw him alive on April 27 1933 Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Aug 1928

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Reginald M. D.

(Address) 7201 St. Paul St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34 E 89964

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2749 Tivoly Ave St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Bolton

(a) Residence: No. 2749 Tivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Bolton

6. DATE OF BIRTH (month, day, year) Jan 28, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Edward Bolton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Susan A. Hunt

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Lillian M. Bolton
(Address) 2749 Tivoly Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 5/1 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St.

20. FILED Huntington Pittman 5/1 1933 Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21 1933 to April 27 1933

I last saw him alive on April 27 1933 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	
Auricular Fibrillation	
Other contributory causes of importance:	
Generalized Arteriosclerosis	
Septic Lungs	
Gangrene Lower Extremities	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Tom Pryor M. D.

(Address) Temple Garrett Apts La 3250

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 89965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89965

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 N Lexington ST., 20 WARD)

REGISTERED NO. 20-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Rowe

(a) RESIDENCE NO. 2233 N. Lexington ST., 20 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 30-1933

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Albert H. Rowe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mildred Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Albert H Rowe

(Address) 2233 N Lexington

15 Filed 2 8 1933, 19 Huntington Pitthavis N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1933

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to April 28, 1933.

that I last saw her alive on April 28, 1933.

and that death occurred, on the date stated above, at 11.30 Am.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia 2 days

Spinal Bursa (since birth)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Whooping Cough

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hattie E. Erickman M. D.

4/28 1933 (Address) 2002 N Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 4/29 1933

20 UNDERTAKER: Harry H Witzke

ADDRESS: 418 Edmondson Ave

TION is very important. See instructions on back of certificates.

A&Co. 5-II 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89966

E 89966

CERTIFICATE OF DEATH

124-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4216 Falls Road St. 13 (Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie E. Gartside

(a) Residence: No. 4216 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of: Wallace W. Gartside

6. DATE OF BIRTH (month, day, year): Sept 2. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	63	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0/7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Robert W. Dearing

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Martha Wickens

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Wallace W. Gartside

(Address) 4216 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Forest Ridge Date: Apr. 29, 19 33

19. UNDERTAKER: H. S. Marshall

(Address) 3536 Falls Road

29 1933 Huntington Williams, M.D.

(Date) (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933 to April 27, 1933

I last saw her alive on April 27 1933 death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	4/26/33
Cerebral Apoplexy	4/26/33

Other contributory causes of importance:
Chronic Interstitial Nephritis
Hepatic Cirrhosis
Endocarditis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. S. Marshall, M. D.

(Address) 4037 Falls Rd.

INFORMATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89967

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Roslyn Ave St., 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME D. Porter Smith Jr

(a) Residence: No. 2214 Roslyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Morgan Smith

6. DATE OF BIRTH (month, day, year) Nov 13 1867

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman-Butler Bros

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 4 mo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME D. Porter Smith Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha D. Chaney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Wilson P. Smith

(Address) 2214 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Apr 29 1933

19. UNDERTAKER Wm Pickrell Sons

(Address) North & Fulton Aves. Washington Pittsburgh, Pa.

20. FILED Registrar.

APR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933, to Apr 27, 1933

I last saw h... alive on Feb 26, 1933. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feb 28/33

Other contributory causes of importance:

Acute dilitation of heart	Apr 27/33

Name of operation None performed Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dunbar M. D.

(Address) 2220 Garrison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89968

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. East Ave. St. 26-01 Ward) 97 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Reifschneider

(a) Residence: No. 317 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Reifschneider

6. DATE OF BIRTH (month, day, year) Dec. 2, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceryman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Reifschneider, Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Hoechenrader

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Reifschneider

(Address) 317 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Apr. 29 1933

19. UNDERTAKER George M. Zinkan

(Address) 1737 E. Eager St.

29 1933 [illegible] Registrar.

RRF

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ---, 1925 to Apr 26, 1933

I last saw h. alive on Apr 24, 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Coronary Occlusion	10 min
Other contributory causes of importance: arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C A Reifschneider M. D.

(Address) 2939 Eastern Ave

1-30—M. & T.—100 B—50L

E 89969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89969

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1827 Dover St. ST., 19-ab WARD)

2-FULL NAME Agnes Harrington.

(a) RESIDENCE NO 1827 Dover St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ---------- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of Melville Harrington.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Long.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John Coyne.
(Address) 1827 Dover St.

15 FILED 4 29 1933

16 Huntington Williams, M.D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1933[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Steinhardt, M. D.
Coroner

4/28/33 (Address) 1917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL April 30th 1933

20 UNDERTAKER A. Jones

ADDRESS W. Saratoga

TION is very important. See instructions on back of certificate.

OCCUPA-

Exact statement of

may be properly classified,

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89970

CERTIFICATE OF DEATH

E 89970

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. St. 14-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Sachs

(a) Residence: No. Marlborough Apts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ralph Sachs

6. DATE OF BIRTH (month, day, year) Oct. 15, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Abraham Fuld

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Esther Hamburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ansell (Daughter)
(Address) Marlborough Apts.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Heb. Friendship Date Apr. 30, 19 33

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

29 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to April 27 1933.

I last saw her alive on April 27, 19 33 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Coronary Thrombosis	

Other contributory causes of importance:

Angina Pectoris	
Hypertension	
none	

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) Bernard J. Cohen M. D.

(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89971

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Edmondson Ave. 8-01 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Beavin

(a) Residence: No. 2829 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Albert T. Beavin

6. DATE OF BIRTH (month, day, year) Feb 12/75

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Pika. Penna

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Albert T. Beavin

(Address) 2829 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Butz Date May 1st 1933

19. UNDERTAKER Philip Herring

(Address) 2016 Orleans St

20. FILED 19 Registrar.

29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24 29 to April 28 33

I last saw h alive on April 25/33

Death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1930
Other contributory causes of importance:	
Pellagra	1931

Name of operation Hysterectomy Date of 1931

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Gibney M. D.

(Address) 6775 York Rd

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 89972

E 89972 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1005 Shields Pl ST 17-01 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hawkins

(a) RESIDENCE NO. 1005 Shields Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Hawkins

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	1889	Jan.	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: common labor

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Lee H. Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Florida

12 MAIDEN NAME OF MOTHER: Mark Mullroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: The Relative (Address): 514 N. Stricker

15 Burial Permit Issued: Washington, D.C. R 29 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/27/33

17

I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1933, to April 27, 1933

that I last saw him alive on Apr 26, 1933

and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Primal Exhaustion

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) about a year yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) John H. Hawkins M. D.

4/28/33 (Address) 1012 N. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	May 1st 1933

20 UNDERTAKER: Joseph A Lively ADDRESS: 409 N. Mount St.

TION is very important. See instructions on back of certificates.

...property claimed. Exact statement of OCCUPA-

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89973

CERTIFICATE OF DEATH

E 89973

93-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Eastern Ave St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph MacKessy

1a) Residence: No. 1901 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mer Kendig

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William MacKessy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mrs Louise

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alice Mackessy
(Address) 1901 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 29, 33

19. UNDERTAKER John F. Myerberg
(Address) 3000 E. Baltimore St

20. FILED JUL 29 1933 Huntington Village N.Y.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Kenny M. D.
Coroner

(Address) 1302 N. Patterson Park Ave

ACCURATE AND COMPLETE ANSWERS TO ALL QUESTIONS IS very important. See instructions on back of certificate.

Spec—9 30—A. & Co.—250 Bks.

E 89974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 89974

1 PLACE OF DEATH Home for Incurables

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No 40th St + Roslint Rd ST 13-21 WARD)

2 FULL NAME Mrs Laura V. Buckingham

(a) RESIDENCE No 40th St + Roslint Rd ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John Buckingham

6 DATE OF BIRTH (month, day, and year) July 18 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) until 1918

(c) Name of employer — 037

9 BIRTHPLACE (city or town) (State or country) Howard Co Maryland

PARENTS

10 NAME OF FATHER Samuel Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Sara Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co - md

14 Informant (Address) Hospital Records.

15 291933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1933

17

I HEREBY CERTIFY, That I attended deceased from July 1931 to April 28 1933

that I last saw h-er alive on April 28 1933

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Chronic rheumatoid arthritis

(duration) 33 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N Hampson Hopkins M. D.

. 19 (Address) 214 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Church Cem

DATE OF BURIAL May 1 19 33

20 UNDERTAKER Easton Sons

ADDRESS Elkridge

HOW IS very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89975

CERTIFICATE OF DEATH

E 89975

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 E. Preston St. 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Quinn

(a) Residence: No. 2009 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Patrick Quinn

6. DATE OF BIRTH (month, day, year) Don't Know

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick McCarthy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mc Manus

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss May Quinn

(Address) 2009 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 1st 1933

19. UNDERTAKER Geo. M. Dick & Son

(Address) 814 W. Lafayette Ave

Huntington Williams, Reg.

LED 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1932 to April 26 1933

I last saw h alive on April 26 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	not known

Other contributory causes of importance:

Cardio-Renal Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89976

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89976

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 108 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Kuczynski (Kuczynski)

(a) Residence: No. 2235 Bank St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elzia Kuczynski

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Out of Work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Kuczynski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Mucha
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date May 2 1933

19. UNDERTAKER John McGeehan
(Address) 440 S. Fulton Ave

29 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28- 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17- 1933 to 4-28- 1933
I last saw him alive on 4-28-33 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Probable Lung Abscess

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 1933
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, state why .....

(Signed) [illegible] M. D.
(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89977

CERTIFICATE OF DEATH

51 E 89977

1. PLACE OF DEATH Union Memorial Hospital V

CITY OF BALTIMORE: (No. 11-01 S., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Huntington

(a) Residence: No. 1206 Linden ave St., Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE~~ of Emma

6. DATE OF BIRTH (month, day, year) April 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Huntington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Logan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bruce Huntington
(Address) Franklin & Eutaw Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Rogerstown Pk Date May 1 1933

19. UNDERTAKER S. H. Ehlen
(Address) 1944 N. Fremont ave

29 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6 1933 to April 28 1933

I last saw h.. alive on Apr. 27 1933 Death is said to have occurred on the date stated above, at 7½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	1932

Other contributory causes of importance:

Myocardeal failure

Name of operation Nephrectomy, L. Date of 4/4/33

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. Blanchard M. D.

(Address) Union Memorial Hospital

IMPORTANT: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89978 E 89978

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (Ward) 9-01

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Johnson

(a) Residence: No. Parksley St., Virginia Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-20-72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Durbin Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Caroline Blaxom

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Parksley Va Date April 1933

19. UNDERTAKER Robt G. Miller
(Address) 2235 E. Oliver St

20. FILED 29 1933 Huntington, W. Va. Recorder.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933 to April 29, 1933.

I last saw her alive on April 29, 1933. Death is said to have occurred on the date stated above, at 5 h. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiosis, questionably due to [illegible] hypertension	Indefin.

Other contributory causes of importance:

Over

Name of operation Exploratory laparotomy Date of 1) 9-27-32 2) 3-31-33

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dean A. Clark, M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1258-D

B 89979

272119

Med.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 89979

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Rebecca Colburn

(a) Residence: No. 930 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mordecai Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henrietta Kirby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date April 30 1933

19. UNDERTAKER John W Henderson

(Address) 502 E Monument St

20. FILED ..... Registrar

R 55 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-20-1933 to 4-26-1933

I last saw her alive on 4-26-1933 Death is said to have occurred on the date stated above, at 7-12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	4-23-33
Other contributory causes of importance:	
Hypertension	1941-32
Chronic myocarditis	
Pulmonary infection	4-23-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean A. Clark M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1269-9

E 89980 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89980

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) S.W. Cor Aisquith & Curtain St., (Ward) 9th

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adelaide Salisbury

(a) Residence: No. S.W. Cor Aisquith & Curtain St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of Edward Salisbury

6. DATE OF BIRTH (month, day, year) March 2/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Martin Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME C. Schantug

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Salisbury

(Address) Curtain & Aisquith Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 2, 1933

19. UNDERTAKER Frank A. Finch

(Address) 915 N. Gay St.

20. FILED MAY 3 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, about 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	3 hrs

Other contributory causes of importance:

Undetermined

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John H. Crim, M. D.

Coroner

(Address) 508 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89981

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 N. Potomac St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME Phillip Davis

(a) Residence: No. 33 N. Potomac St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Davis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lipa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Son Ward
(Address) Penn-Mutl Policy Co

18. BURIAL, CREMATION, OR REMOVAL Apr 30 33
Place Rosedale Date 19

19. UNDERTAKER Jos. H. Lewis Sons
(Address) 1600 E. Baltimore St

20. FILED ..... 19 ..... Registrar

R 301933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1933 to April 29 1933

I last saw him alive on April 28 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma (Ab?) Femur	?
by X ray rib	

Other contributory causes of importance:

Cachexia

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Hyman M. D.

(Address) 2356 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. B. 1268-9

E 89982 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89982

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1500 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Abraham Ginsberg

(a) Residence: No. 1624 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hane Ginsberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Faga

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Ginsberg - Wife
(Address) 1624 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Cemetery Date 4/30-31 19

19. UNDERTAKER Jack Leland Inc
(Address) 1439 E. Baltimore St

Filed Huntington Village Registrar

PR 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28. 1932 to April 29. 1932

I last saw him alive on April 29. 1932. Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 28

Other contributory causes of importance:

Chr. Glomerular Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Russell Horn M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89983 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89983

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 John St. 14-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William D. Woodward

(a) Residence: No. 1531 John St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Lydia Ella Woodward

6. DATE OF BIRTH (month, day, year) Mar 21st 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent 01

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Friendly Co.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Eugene Woodward

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Lydia E. Woodward

(Address) 1531 John st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 30 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20 1933 to April 28 1933

I last saw him alive on April 28 1933 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Other contributory causes of importance:	
Age	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A R Joseph M. D.

(Address) 117 W Saratoga St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89984

CERTIFICATE OF DEATH

V 82-001

Registered No. 12-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 N. Washington St. 17 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur B. Carroll

(a) Residence: No. 2908 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle F.

6. DATE OF BIRTH (month, day, year) Sept 13/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rubber Stamps & Dies.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Joseph T. Carroll

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Emma M Cleaves

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Estelle M. Carroll
(Address) 2908 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 1st 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27/33

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date above at bet 8 & 12 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	
Other contributory causes of importance:	
History Hypertensdon	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. L. Kaufman M. D.
Coroner

(Address) 1086 Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 89985 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 89985

CERTIFICATE OF DEATH

66-002

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2908 Guilford Ave ST., 12-0 WARD)

2—FULL NAME Mrs Estelle Stanley Carroll

(a) RESIDENCE NO. 2908 Guilford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced (or) WIFE of Mr Arthur B. Carroll

6 DATE OF BIRTH (month, day, and year) July 24, 1878

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	263	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John R Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Estelle Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Arthur L Carroll

(Address) 6000 Bertram Ave Hamilton

15 Filed APR 30 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 '33

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to April 28, 1933, that I last saw her alive on April 28, 1933 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

Myocardial Insufficiency

Hypertension

(duration) 5 and more yrs. mos. ds.

CONTRIBUTORY (Secondary) Stroke following death of husband (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical Examination

(Signed) Grant Edward, M. D.

, 19 ; (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL May 1st 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Important. See instructions on back of certificate.

M. D. B. 1268-9

E 89986

E 89986 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Balto City Hospitals — Registered No. 76 01

CITY OF BALTIMORE: (No.) St. (or Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Dominick

(a) Residence: No. 107 So Dean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word): Widowed

2a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Dominick

6. DATE OF BIRTH (month, day, year): July 25 - 1868

7. AGE: Years 64 — Months 9 — Days 3 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Patrick Moran

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Katie Kallory

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date May 1st 1933

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. Filed May 1 1933 HK Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-2x 1933 to 4-28 1933

I last saw h alive on 4-28 1933 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lipoma Scalp -	
Arteriosclerosis	
Cardio Vascular	
Renal Disease -	

Other contributory causes of importance:

Broncho Pneumonia	4/25/33

Name of operation no Date of

What test confirmed diagnosis? CF Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Royce Schaefer M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 201933

M. D. B. 1268-9

89987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√46 E 89987

1. PLACE OF DEATH Md. Gen. Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Curry

(a) Residence: No. 1234 Darley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Wm H Curry

6. DATE OF BIRTH (month, day, year) Sept 30-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Muller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Zeitler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm H Curry
(Address) 1234 Darley Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Loudon Pk Date May 2. 1933

19. UNDERTAKER Williams Co
(Address) 217 St Paul St.

20. FILED MAY 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17 1933 to April 29 1933

I last saw her alive on April 29 1933 Death is said to have occurred on the date stated above, at 3:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head & forearm	

Other contributory causes of importance:

Thrombocytosis

Name of operation Cholecystotomy Date of 4/5/33

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E Traitor M. D.

(Address) Md Gen Hospital

OCCUPATION is very important. See instructions on back of certificate.

DEC 1933

M. D. B. 1263-9

89988

HEALTH DEPARTMENT—CITY OF BALTIMORE

89988

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals 96-01

CITY OF BALTIMORE: (No. ..... St., 96-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Ulsheimer.

(a) Residence: No. 9 N. Clinton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 19, 1916.

7. AGE	Years	Mos.	Days	If LESS than 1 day, ... hrs. or ... min.
17	16	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Ulsheimer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Marie Shuler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W. L. Lamd Date May 1 1933

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 2304 Jefferson St.

20. FILED Huntington Williams M.D.

APR 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Apr 27, 1933

I last saw him alive on April 27, 1933. Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1931
TB Enteritis	Dec 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

E

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89989

HEALTH DEPARTMENT—CITY OF BALTIMORE

89989

93-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Colorado ave St., 27-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Simeon James Van Trump

(a) Residence: No. 630 Colorado ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Jennie Van Trump

6. DATE OF BIRTH (month, day, year) Oct 12 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67 68	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Balto Co
(State or country) Md

FATHER

13. NAME Simon J. Van Trump

14. BIRTHPLACE (city or town) —
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Webb

16. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania

17. INFORMANT Mrs E. C. Farmer
(Address) 630 Colorado ave

18. BURIAL, CREMATION, OR REMOVAL
Place Wash Liberty Date May 1 1933

19. UNDERTAKER P. Markelinos Son
(Address) White Hall Md

20. FILED APR 30 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/8 1933 to 4/28 1933

I last saw him alive on 4/28 1933 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) G. Murray Fisher M. D.

(Address) 18 E. Eager St. Baltimore

M. D. B. 1268-B

E 89990

89990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

272251 Gyn. X 13 V

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Laura Heiry

(a) Residence: No. 7036 Dunbar Rd. Ward. Glendale

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bayard

6. DATE OF BIRTH (month, day, year) 6/9/1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house - wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Warren Lindermore

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Emma Cooper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Florida

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 5/3/33

19. UNDERTAKER Wm. C. Byrd & Co.

(Address) 2147 Eutaw St

20. FILED MAY 3 1933 Huntington Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24-1933 to 4-29-1933

I last saw her alive on 4-29-1933 Death is said to have occurred on the date stated above, at 11 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia - Chronic nephritis - Hypertension	7

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Gerald B. Hurd, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 89991 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89991

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1115 N. Gay ST. 8-01 WARD)

2-FULL NAME William R Forwood

(a) RESIDENCE NO. 1115 N. Gay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E Forwood

6 DATE OF BIRTH (month, day, and year) July 22/1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) 052

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford County Md

PARENTS

10 NAME OF FATHER Wm L. Forwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Ellanora McElusky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Laura E. Forwood
(Address) 1115 N. Gay St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19-33

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1933, to apr 26, 1933

that I last saw h[illegible] alive on apr 26, 1933

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Ch myocarditis

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. H. Hornstein M. D.

4/30, 1933 (Address) 733 Arapaho Ft

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 2 1933

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

APR 30 1933

Huntington Williams, M.D. Registrar

PLACE OF DEATH is to be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co.—1000 Blks.

E 89992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89992

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1624 Madison Ave ST.) (WARD)

2-FULL NAME Henry Hicks

(a) RESIDENCE. No. 1624 Madison Ave ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Hicks

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Point

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Myrtle Hicks (Address) 1391 Brookyard St

15 Filed APR 30 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29 1933

17 I HEREBY CERTIFY, That I attended deceased from April 26th, 1933, to April 29th, 1933, that I last saw h[illegible] alive on April 29, 1933, and that death occurred, on the date stated above, at 7:20 A m.

The CAUSE OF DEATH* was as follows:

Hypertension & Cardiorenal Disease

Hemorrhage of Brain (duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage of Brain (duration) yrs. mos. 15 days

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Clayton, M. D.

19 (Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	5-2 1933
20 UNDERTAKER Geo P. A. Gibson	ADDRESS 1735 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 89993 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89993

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Fannie Frankel

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Harry

6. DATE OF BIRTH (month, day, year): 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sigmund Frankel

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Mt Carmel Date: April 30, 1933

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Baltimore St

20. FILED: 1933 (Registrar) Katherine Williams

R30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1 15, 1930, to 4. 29, 1933

I last saw her alive on April 29, 1933 Death is said to have occurred on the date stated above, at 7 50 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	4 17 33
Chs card. vascular disease	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89994

E 89994

CERTIFICATE OF DEATH.

51

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Kornheiser

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 11-1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Piano Polisher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Oth

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Rheinhart Kornheiser

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Ruppert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Stanislas, Sup.

(Address) 1200 Alley St. City

Dated ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 29 April 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 28 1933 to Apr 29 1933,

that I last saw h.. alive on Apr 29 1933,

and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy!

What test confirmed diagnosis? Obs

(Signed) L. M. Barker, M. D.

4/29, 1933 (Address) 1111 E. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — Date of Burial: May 1 1933

20 UNDERTAKER: Rita Friedfeld — ADDRESS: 914 Gres

R 30 1933

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Blks

E 89995 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89995

CERTIFICATE OF DEATH. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3700 E. Pratt St 76-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph Lazzaro

(a) Residence No. 3700 E Pratt St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in City or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Madglen Lazzaro

6 DATE OF BIRTH (month, day, and year) March 19 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 88

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Frank Lazzaro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Theresa Tumminello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Frank Lazzaro 3700 E Pratt St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28-33

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to April 28, 1933, that I last saw h[illegible] alive on April 28, 1933, and that death occurred, on the date stated above, at 12A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus and stomach

(duration) 2 yrs. — mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Louis D. Fritz M. D.

4/29 19 33 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent Cem — DATE OF BURIAL: May 1 1933

20 UNDERTAKER: Martin W. C. Diffpl Inc — ADDRESS: 378 Ann St

APR 30 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

89998 HEALTH DEPARTMENT—CITY OF BALTIMORE 89996

CERTIFICATE OF DEATH

272 red

107-001

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Johnson

(a) Residence: No. 626 W. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl

6. DATE OF BIRTH (month, day, year): 4-19-01

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: N W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Samuel Richardson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Reynolds, Va Date 4/30/33 19

19. UNDERTAKER: Mrs Geo. E. Hollan
(Address) 1621 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

R 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1933 to April 28, 1933

I last saw her alive on April 28, 1933. Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-16-33
Acute Nephritis	4-8-33
	one

Other contributory causes of importance:

Bronchopneumonia	4-22-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Deeen C. Clark M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89997

89997

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 East 7th St; (Ward) 25-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edgar Grammer

(a) Residence: No. 1 East of 7th S. Brooklyn St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Grammer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Grammer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Chas. Lancaster

(Address) 1 E. 7th St. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL

Place London Date April 1 1933

19. UNDERTAKER Edward London

(Address) 225 West Pratt St.

20. FILED APR 1 1933 Huntingtown Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20 1933 to April 28 1933

I last saw him alive on April 27 1933. Death is said to have occurred on the date stated above, at 10:30 m. a m

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Lobar Pneumonia (Left Lung)	April 21/28

Other contributory causes of importance: None

Name of operation — Date of —

What test confirmed diagnosis Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Raymond Glaser M. D.

(Address) 2208 Hoffman Terrace Apt.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. R. 1964-0

89998

HEALTH DEPARTMENT—CITY OF BALTIMORE 89998

CERTIFICATE OF DEATH

Registered No. 142-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: (a) CITY OF BALTIMORE: (No. Woman Hospital St. 14-01 Ward)

(b) Residence: No. Length of residence in city or town where death occurred yrs. mos. 1/2 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Francis Louise White

(Usual place of abode) Richmond Md. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John King White

6. DATE OF BIRTH (month) Sept. (day) 25, (year) 1906

7. AGE Years 26 Months 6 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary land

FATHER

13. NAME William Whitley

14. BIRTHPLACE (city or town) (State or country) Mary land

MOTHER

15. MAIDEN NAME Frances Evans

16. BIRTHPLACE (city or town) (State or country) Mary land

17. INFORMANT (Address) John K. White Richmond Md

18. BURIAL, CREMATION, OR REMOVAL Place St. John's Cem Date May 1 1933

19. UNDERTAKER (Address) Easton, Md.

20. FILED 1933 Ellicott City, Md.

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 30 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29 1933 to April 30 1933

I last saw h alive on April 30 1933 Death is said to have occurred on the date stated above, at 3:05 P.m.

The principal cause of death and related causes of importance were as follows:

Post operative Shock — Date of onset 4/30/33

Other contributory causes of importance:

Peritonitis Sept. left ovary

Ectopic Pregnancy

Left Salpingectomy

Left Appendectomy

Name of operation Date of 3/29/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mamie P. Johnson M. D.

(Address) Woman Hospital

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ ME 89999

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Joseph Kenrick

(a) Residence: No. 3137 Ravenwood Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edmondson Ave

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Australia

FATHER

13. NAME Wm Kenrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Crowe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Mooney

(Address) 523 Cordelia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/2/33 19

19. UNDERTAKER Clarence E. Gilbert

(Address) Loudon Park

Filed 19

Registrar.

R 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from ngum, 19 , to 19

I last saw h alive on ngum, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	4/29/33
Shock	

Other contributory causes of importance:

Struck by automobile	4/29/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/29, 1933

Where did injury occur? Liberty & Fayette Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while getting on a parked car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 90000 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90000

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 26 S Fulton Ave (St.) (Ward) 19-01

2-FULL NAME Elizabeth C Hayes

(a) RESIDENCE NO. 26 S Fulton Ave ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, ~~divorced~~ (HUSBAND) of (or) WIFE of: John A Hayes

6 DATE OF BIRTH (month, day, and year): Nov 15, 1851

7 AGE — Years: 71 — Months: 6 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

037

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patk Fitzgibbons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): John A Hayes 26 S Fulton Ave

15 Filed 19 Huntington Williams, M.D. Registrar

PR 30 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1933

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to April 28, 1933, that I last saw her alive on April 28, 1933, and that death occurred, on the date stated above, at 1028 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (duration) yrs. mos 6 hrs

CONTRIBUTORY (Secondary): Arterio Sclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. A. O'Neill M. D.

Apr 29 1933 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 5/1 1933

20 UNDERTAKER: J. Fahey Jones

ADDRESS: 1018 E Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E90001 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90001

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4304 Mary Ave St., 26-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Graf

(a) Residence: No. 4304 Mary Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis Graf
6. DATE OF BIRTH (month, day, year): March 29th 1860
7. AGE: Years: 69 Months: 0 Days: 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown Unknown

17. INFORMANT: Louis Graf
(Address) 4304 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL: Parkwood Cem. Date May 1 1933

19. UNDERTAKER: Frederick Eschelman Sons
(Address) 4501 Reservoir Road

FILED APR 30 1933 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932, to April 28, 1933
I last saw h alive on April 28, 1933 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	193

Other contributory causes of importance:

Myocardial Insufficiency	2 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Sig. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward H. Benson M. D.
(Address) Overlea Md

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. RECORD. Every item of state CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30002

E 30002

11-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Seifert ave St. 26-01 Ward)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Seifert

(a) Residence: No. 4501 Seifert ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
WIFE of George J. Seifert

6. DATE OF BIRTH (month, day, year) Oct 10 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

FATHER

13. NAME William Mueller

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Lucy Aschwee

16. BIRTHPLACE (city or town) Bremen
(State or country) Germany

17. INFORMANT Laura L. Leap
(Address) 3506 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Western Cemetery Date May 1 1933

19. UNDERTAKER Fred Lassahn & Sons
(Address) 7401 Belair Road

20. FILED ... 19 ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933, to April 28, 1933

I last saw her alive on April 27 1933 death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Influenza	

Name of operation ... Date of ...

What test confirmed diagnosis? Phys. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eastman & Hall M. D.

(Address) Overlea

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 30 1933

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90003

E 90003

166

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Lake Ashburton St. 28-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Beach

(a) RESIDENCE NO. 4103 Groveland Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin J. Beach

6 DATE OF BIRTH (month, day, and year) August 16, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Toledo

(State or country) Ohio

PARENTS

10 NAME OF FATHER Louis Schomburg

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Unknown

14 Informant Mr. Louis S. Beach (Address) 4103 Groveland Ave.

15 Filed APR 29 1933 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28, 1933 19__

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence adduced thereat and from _____ (Inquest, autopsy or inquiry.) find that said deceased came to her death on the date stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D.

(Coroner)

4/28 1933 (Address) North Ave. & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial May 1 19 33

20 UNDERTAKER Bert H. Cook ADDRESS 1003 West Baltimore St

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-9

E 30004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 21-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jacob Heinz

(a) Residence: No. 918 Ridgely st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper box cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Aug 1930

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Heinz

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Minnie Dietz

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 1, 1933

19. UNDERTAKER Cook & Boots
(Address) 1003 N. Eutaw St

21. FILED Huntington, W. Va. APR 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1932 to April 29, 1933

I last saw him alive on April 29, 1933 Death is said to have occurred on the date stated above, at 3.30 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	July 1929
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bennett A. Stacy, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 30005 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 30005

27/5/11

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 26 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Clay McLaughlin

(a) Residence: No. Cannon Avenue St., Ward. Hagerstown, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch

6. DATE OF BIRTH (month, day, year) 3/3/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Empl by L & M Ry.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 y3

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Leonard McLaughlin

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Frances Hoover

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg Date May 3 1933

19. UNDERTAKER W. J. Tuckner & Son North o Pa

(Address)

APR 30 1933

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to April 30, 1933

I last saw him alive on April 30, 1933 Death is said to have occurred on the date stated above, at 4 50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Apr. 24/33
Other contributory causes of importance:	
Cardiac failure	Terminal
Mental Depression (Recurrent)	Approx. March 33

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wendell Mansell M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90006

CERTIFICATE OF DEATH

E 90006

V 51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. McManus

(a) Residence: No. 1713 Riviera Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Reynolds

6. DATE OF BIRTH (month, day, year) Aug 3 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W. McManus

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Carroll

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Superior
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cem. Date May 2 1933

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light St. Huntington Mansell, Reg.

FILED MAY 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1933

22. I HEREBY CERTIFY, That I attended deceased from April 28 1933 to April 29 1933

I last saw h... alive on April 29 1933. Death is said to have occurred on the date stated above, at 6:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of testicle (right)	unknown
metastatic sarcoma of right lung	"

Other contributory causes of importance:

Name of operation Orchidectomy, right Date of 4-28-33

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur J. Simmons M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

B 90007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90007

CERTIFICATE OF DEATH

v 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 E. 20th St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. Keating

(a) Residence: No. 808 E. 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Keating

6. DATE OF BIRTH (month, day, year) Feb. 3-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woman's Shop

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Texas, Md.

FATHER

13. NAME Thomas Keating

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Hennegen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Conway

(Address) 3500 Berwyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 1-33

19. UNDERTAKER Margaret G. Flynn

(Address) 1402 Bright St.

20. FILED MAY 1 1933 by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933 to April 27, 1933

I last saw him alive on April 27, 1933 Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3 days
Chr. Nephritis	
Chr. Myocarditis +	
Endocarditis +	
Arteriosclerosis + Hypertension	

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Jno B. Sybert, M. D.

(Address) 2802 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 90008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90008

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N 34th St. St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roy J. Shaffer

(a) Residence: No. 706 N 34th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Edward H Shaffer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lizzie Goodman

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Edward H. Shaffer.
(Address) 823 Union Ave

18. BURIAL, CREMATION, OR REMOVAL Adultz, Md Date May 1, 1933

19. UNDERTAKER E Lawrence Doll
(Address) 3612 Edmondson Ave

20. FILED May 1 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound Through Head (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. Mosmer M. D.
Coroner

(Address) 2932 Orleans St

M. D. R. 1263-8

Natalie Wisch

E 90009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90009

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Willard St. St., 26-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Natalie Wisch

(a) Residence: No. 124 S. Willard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of Julius Wisch

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Henry Sinakil

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Walter J. Wisch

(Address) 705 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 5/1/33 19

19. UNDERTAKER Harry A. Rutzler

(Address) .....

20. FILED MAY 1 1933 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24. 1933 to April 28. 1933

I last saw her alive on April 28. 1933. Death is said to have occurred on the date stated above, at 5:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/24/33
arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

4/29/33 (Signed) C. Helen Hemmeter M. D.

(Address) 2000 Hollins St

M. D. B. 1268-9

E 90010 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90010

CERTIFICATE OF DEATH

149-902

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St., 18-01 Ward)

Length of residence in city where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~[illegible]~~ Hester Brooks

(a) Residence: No. 2034 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	aa	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 29, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm. Brooks

14. BIRTHPLACE (city or town) (State or country) AA Co Md.

MOTHER

15. MAIDEN NAME Mary E Bonds

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Brooks
(Address) 2034 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date May 1 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED MAY 1 1933 Huntington Pikesville, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-27 1933 to 4-28 1933

I last saw her alive on 4-28 1933 Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism (Pulmonary)	
Other contributory causes of importance:	
Emergency - Head on pneumonia 11 hours	
Name of operation Exploratory - Laparotomy Clinical	Date of 4/27/33
What test confirmed diagnosis?	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. B. Butler M. D.
(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ENTRIES should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90011

E 90011

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 W. Franklin St. 17-21 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. Doyle

(a) Residence: No. 609 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mover

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Kinsler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Matthew Cunningham
(Address) 28 S. Carrington Ave

18. BURIAL, CREMATION, OR REMOVAL
Gordon Park Cemetery Date May 2 . 1933

19. UNDERTAKER Chas. F. Clark
(Address) 742 W. Fayette Ave

20. FILED MAY 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edgar Tilley M. D.
Coroner

(Address) 1139 Eastern Ave.

R.—WRITE PLAINLY, WITH UNFADING INK. THE PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 1 1933

A&Co. 5-31 2508

E 90012 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90012

V 93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4913 Harford road St. 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Mencke

(a) Residence: No. 4913 Harford road St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 18th 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Mencke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Mencke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Matilda Mencke
(Address) 4913 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date May 2 19 33

19. UNDERTAKER [illegible]
(Address) 2007 Orleans St

20. FILED MAY 1 1933 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15th 33 to April 28 1933

I last saw h alive on 28th 33 death is said to have occurred on the date stated above, at 8 pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	April 28th 1933
Other contributory causes of importance: Chronic Myocarditis	?

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur Heil M.D. M. D.

(Address) 211 Heard Tower

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90013

CERTIFICATE OF DEATH

V 82-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 3-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Loosmore

(a) Residence: No. 1214 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-18-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Loosmore

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Josephine Vicar

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date May 2 1933

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED MAY 1 1933 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1933 to Apr 30, 1933

I last saw her alive on Apr 30, 1933 Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Mastoiditis	4/16/33
Cerebral Sinus Thrombosis	4/17/33
Intracranial Abscesses	4/22/33

Other contributory causes of importance:

Operation of Mastoid 4/22/33

Name of operation Left " Date of 4/22/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Howard Wray Co M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

E 90014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90014

V 45

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hale Worthington

(a) Residence: No. 3713 N. Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Stamp

6. DATE OF BIRTH (month, day, year) Apr 23 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Thos D. Worthington

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Mrs. Katherine W. Berry (Address) 3713 N. Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 2, 1933

19. UNDERTAKER John C. Mitchell & Sons (Address) 1900 Eutaw Place

FILED MAY 1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1933 to April 30, 1933

I last saw h[illegible] alive on April 2[illegible], 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous mass of Lip Metastasis to neck	
Other contributory causes of importance: Cardiac Failure	April 25

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milford H. Sprecher, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, with pen and ink. All information should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90015

E 90015 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 E. North Ave. St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline P. Gallup

(a) Residence: No. 139 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 28. 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Oliver Gallup

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Martin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emily W. Bay

(Address) 139 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Harford Co. Md.

Place Spesutia Cemy Date May 1, 33 19

19. UNDERTAKER John D. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED MAY 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19d, 1933 to April 29, 1933

I last saw h[illegible] alive on April 29d, 1933 Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify H. S. Holloway

(Signed) Kenyman, Md. M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Copy

E 90016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90016

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 E Madison St., 7-01 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Mary Visek

(a) Residence: No. 2110 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Visek

6. DATE OF BIRTH (month, day, year): unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Joseph Turek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Albert Visek
(Address) 2110 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date May 4, 1933

19. UNDERTAKER: Frank E Koch Son
(Address) 1706 Eutaw St

FILED MAY 1 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1933, to , 19

I last saw h alive on April 30, 1933. Death is said to have occurred on the date stated above, at 3 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Asphyxia	
Fractured Base of Skull	

Other contributory causes of importance:

Fell down four steps

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April, 19

Where did injury occur? 2110 E Madison St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: home

Manner of injury: Fell down pavement steps

Nature of injury: Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph F Kraus M. D.

(Address) 2200 E Madison St

(over)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90017 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90017

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Conway St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Hamington

(a) Residence: No. 624 W. Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Payton Anderson

(Address) 624 W. Conway St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5-1- 1933

19. UNDERTAKER Dennis Easton

(Address) 916 Pennsylvania Ave

20. FILED MAY 1 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28- 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene Zellers, M. D. Coroner

(Address) 2734 Eastern Ave.

N. B.—WRITE PLAINLY, WITH INK. All the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1500 Blks.

E 90018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 90018

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1356 W. Calhoun - St. 15-06 (WARD)

2-FULL NAME John Reeder Thomas

(a) RESIDENCE (Usual place of abode) No. 1356 W. Calhoun - St., WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 ~~Single, Married, Widowed,~~ or Divorced (write the word): Widower

6a If married, widowed, or ~~divorced~~ (HUSBAND) of (or) (WIFE) of: Lizzie Thomas

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Prince George Md

PARENTS

10 NAME OF FATHER: John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Reeder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Joseph Reeder 1336 W. Calhoun

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-29- 1933

17 I HEREBY CERTIFY, That I attended deceased from 4-26 . 1933 . to 4-29- . 1933

that I last saw h[illegible] alive on 4-29 . 1933.

and that death occurred, on the date stated above, at 11.01 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Gorsuch, M. D.

4-1- 1933 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Hebrew

DATE OF BURIAL: May 2 1933

20 UNDERTAKER: Sam'l. H. Chase & Son

ADDRESS: 638 N. Gilmor

MAY 1 1933

MAY 1 1933 [illegible]

M. D. B. 1268-9

E 90019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90019

CERTIFICATE OF DEATH

93-003

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH 3127 St. Paul St.

CITY OF BALTIMORE: (No.) Hopkins Apts St. 17 01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mary Lydia Vickers

(a) Residence: No. Hopkins apts St., 12 Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

82 3 10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo. R. Vickers Jr.

6. DATE OF BIRTH (month, day, year) Jan 19 1851

7. AGE: Years 82 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) April

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Easton (State or country) Maryland

FATHER

13. NAME Robert M. Willson

14. BIRTHPLACE (city or town) Phila. (State or country) Penna

MOTHER

15. MAIDEN NAME Mary J. H. Martin

16. BIRTHPLACE (city or town) Easton (State or country) Maryland

17. INFORMANT Geo. R. Vickers 3rd (son)

(Address) 222 W Lafayette

18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Date May 1 1933

19. UNDERTAKER Stewart & Mosner

(Address) 105 Park Ave

20. FILED MAY 1 1933 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1924 to April 29 1933

I last saw h.. alive on April 29 1933 Death is said to have occurred on the date stated above, at 4 29 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostasis	Prior to
Fibrus Myocarditis	Oct 29, 24
Other contributory causes of importance:	
Bronchopneumonia	Apr 15 33
Cerebral Thrombosis	Apr 8, 33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas C W Judd M. D.

(Address) 222 Mulberry Road

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90020

CERTIFICATE OF DEATH

E 90020

Registered No. 93-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 06-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond P Lumsden

(a) Residence: No. Unknown St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Loc May 1 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1933

22. I HEREBY CERTIFY, That I attended deceased from — 19 ... to — 19 ...

I last saw h— alive on ... 19 ... Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Probable Acute Alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) [illegible] Coroner, M. D.

(Address) 1305 N Patterson Pk

M. D. B. 1268-9. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90021

E 90021 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 14-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robt Seldon

(a) Residence Eastern Shore md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Provident Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 14 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED 1033 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
and Hypertension	3 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Leuk Coroner, M. D.

(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90022

E 90022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 East St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Wood

(a) Residence: No. 528 East St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Archie Wood

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Billie Smith

(Address) 528 East St

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Cem Date May 1, 1933

19. UNDERTAKER [illegible] Baltimore

(Address) [illegible]

MAY 1 1933 Huntington Williams, Jr.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	one yr.
Arteriosclerosis	4 yrs

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Natural Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury nil

24. Was disease or injury in any way related to occupation of deceased? nil If so, specify ...

(Signed) James M Fenton Coroner, M. D.

(Address) 700 E Chase

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 90023 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90023

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Hanover St. 7 2-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Carroll

(a) Residence: No. 830 Hanover St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Dec 7, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Pierce Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary J. Malkson

16. BIRTHPLACE (city or town) (State or country) Albany N.Y.

17. INFORMANT George D. Carroll
(Address) Mt. Holly New Jersey

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 2 1933

19. UNDERTAKER F. A. Travers & Son
(Address) 102 Fairgrounds
Huntington Williams, N.D.

20. FILED ... Registrar.

MAY 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1933, to Apr 28, 1933

I last saw h[illegible] alive on Apr 25, 1933 death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: —	

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. L. Smith, M. D.

(Address) 129 N. Liberty

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 90024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 90024

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510 E. Fort Av ST. 24-21 WARD)

2—FULL NAME Patrick W. Cloonan

(a) RESIDENCE NO. 1510 E. Fort Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Cloonan

6 DATE OF BIRTH (month, day, and year): July 28, 1862

7 AGE: Years 70 | Months 9 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: B & O RR

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Timothy Cloonan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Catherine Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mary J. Cloonan

(Address): 1510 E Fort Av.

15 Filed MAY 1 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28- 33

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 33, to April 28, 19 33

that I last saw h[illegible] alive on April 28, 19 33

and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis Hypertension

Cerebral Hemorrhage.

(duration) yrs. 3 mos. 28 ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) yrs. 3 mos. 28 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Signs

(Signed) Thos. J. a Stevens, M. D.

4-30, 19 33 (Address) 2878 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: May 1, 1933.

20 UNDERTAKER: Margaret K. Flynn

ADDRESS: 1422 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90025

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 25-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Cale

(a) Residence: No. 2608 Ridgely St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 27, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Eugene Cale

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Brack

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida Cale

(Address) 2608 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/1/33 19

19. UNDERTAKER Joseph A Lively

(Address) 1699 N. Mount Street

20. FILED Huntington Williams Nov

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1933 to April 29, 1933

I last saw him alive on April 29, 1933. Death is said to have occurred on the date stated above, at 10½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Meningococcemia)	4/25/33

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Peter Veronica M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90026

E 90026 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No.) Mercy Hospital St., 12-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Hicks

(a) Residence: No. 3115 Cabell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chas Hicks & Son

10. Date deceased last worked at this occupation (month and year) 9 yrs

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Wm. Hicks

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Russell Hicks

(Address) 104 W Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cemetery Date May 1, 1933

19. UNDERTAKER Wm J Fichner & Sons

(Address) Morgan Pa Huntington W. Virginia

Registrar

FILED MAY 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on January 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fracture Skull & Neck
fall from Roof 6 stories
Accident

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury April 28, 1933

Where did injury occur? 1004 W Cabell Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place While at work on Roof

Manner of injury Fracture Skull Neck

Nature of injury fall

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While at work

(Signed) James H Pentlore M. D.
Coroner

(Address) 700 E Chase

INFORMATION sought is strictly confidential. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90027. E 90027.

CERTIFICATE OF DEATH

82-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Falls Road St., 13-21 (Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Fisher

(a) Residence: No. 3429 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Altoona Fisher

6. DATE OF BIRTH (month, day, year) Dec 25-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Milk Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Henry Fisher

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elizabeth Nicholson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Altoona Fisher

(Address) 3429 Fall Road

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 2 1933

19. UNDERTAKER H. E. Marshall

(Address) 3501 Falls Road

MAY 1 1933 Lexington Building, Baltimore, Md.
(Date Filed) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1933 to April 28, 1933

I last saw h[illegible] alive on April 28, 1933 death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Cerebral Hemorrhage	4/27/33
Arteriosclerosis	

Other contributory causes of importance:

Myocardial Insuff. acute	4/28/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Wilson M. D.

(Address) 645 W 36th St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90028

E 90028

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 630 Perkins St. 17-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James William Boone

(a) Residence: No. 630 Perkins Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12 1932

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Wm Boone

14. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER

15. MAIDEN NAME Ethel Henry

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Wm Boone and

(Address) 630 Perkins

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 2nd 19 33

19. UNDERTAKER Elroy O Wilson

(Address) 1102 Edmondson Ave.

FILED MAY 1 1933 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 33 to April 29, 1933

I last saw h alive on 4-28 1933 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J Gwynne Rae M. D.

(Address) 1126 Druid Hill

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90029

E 90029

CERTIFICATE OF DEATH

56 690029

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 Fait Ave St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Dobrzykowski

(a) Residence: No. 2417 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8th 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Dobrzykowski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rose Waclawski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Dobrzykowski
(Address) 2417 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date May 2nd 1933

19. UNDERTAKER George A Weld
(Address) 705 S Linn Street Huntington Williamsport, Ind

MAY 1 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29- 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/21 1933 to ... 19...

I last saw him alive on 4/27 1933. Death is said to have occurred on the date stated above, at 7:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular disease	3 yrs
Other contributory causes of importance:	
Lobar Pneumonia	1 day

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed Julius J. Fegler M. D.

(Address) 2224 Eastern Ave

INFORMATION should be carefully supplied. ANS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 90030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90030

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Barclay St ST. 12-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Julian de Bullet

(a) RESIDENCE NO. 3015 Barclay St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Dorothy de Bullet

6 DATE OF BIRTH (month, day, and year) Jan 31 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Recorder 186

(b) General nature of industry, business, or establishment in which employed (or employer) Record Office

(c) Name of employer State of Maryland

9 BIRTHPLACE (city or town) (State or country) Manzanas, Cuba

PARENTS

10 NAME OF FATHER Francis Anthony E. de Bullet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cuba

12 MAIDEN NAME OF MOTHER Carlotta Trant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba

14 Informant (Address) John C. de Bullet 3015 Barclay St

15 Filed MAY 4 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30th 1933

17 I HEREBY CERTIFY, That I attended deceased from 4-21-, 1933, to 4-30, 1933, that I last saw him alive on 4-30, 1933, and that death occurred, on the date stated above, at 4 00 pm.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, entire right lung and left lower lobe

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Nonne

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Examination

(Signed) Genius C. Gundry, M. D.

4-30, 1933 (Address) 300 E 31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 5-2-1933

20 UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Orchard & McCulloh

REMOVAL PERMIT MUST BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 90031

E 90031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 46

CITY OF BALTIMORE: (No.) 1512 Gilmor St. 17-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Elizabeth Kendrick

(a) Residence: No. 510 Brune St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress 041

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME John R Pollard

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ellen Hilston

16. BIRTHPLACE (city or town) (State or country) Raleigh N C

17. INFORMANT Matilda Thornton

(Address) 1723 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 1 1933

19. UNDERTAKER W. A. Brooks

(Address) 1463 N. Carey St

20. FILED MAY 1 1933 Huntington Pollard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30- 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22 1933 to 4-30-33 19

I last saw her alive on 4-30- 1933. Death is said to have occurred on the date stated above, at 1:00A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	uncertain

Other contributory causes of importance:

Nephritis, Hypertension

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. R. Boykin M. D.

(Address) 1512 Gilmor

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90032

CERTIFICATE OF DEATH

E 90032

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Vincent St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Amos Tunstall

(a) Residence: No. 614 N Vincent St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Bl	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 27, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) 614 N. Vincent St
(State or country) Balto. Md.

FATHER

13. NAME William Tunstall

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Viola Carr

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date May 1, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED MAY 1 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1933 to 4/28, 1933

I last saw him alive on April 27, 1933 Death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia 30 hrs.	
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

INFORMATION: WRITE CLEARLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90033

E 90033

CERTIFICATE OF DEATH. 82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Chestnut Ave ST. 13-21 WARD)

2-FULL NAME Laura Baublitz

(a) RESIDENCE NO. 3415 Chestnut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph E. Baublitz

6 DATE OF BIRTH (month, day, and year) Dec 25 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min
	71	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Daniel Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Joseph E. Baublitz Husband

(Address) 3415 Chestnut Ave.

15 Filed MAY 1 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 29 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr 14, 1933, to Apr 29, 1933,

that I last saw her alive on Apr 29, 1933,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) — yrs. — mos 15 ds.

CONTRIBUTORY (Secondary) Cardio Vascular Disease

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) H. H. Underwood, M. D.

Apr 30, 1933 (Address) 850 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL May 3, 1933.

20 UNDERTAKER Walter Davis ADDRESS 3418 Chestnut Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 90034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 90034

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4301 Roland Ave. St. 07-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Richards Banks.

(a) Residence: No. 4301 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4th. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records at Kirkleigh Villa.
(Address) 4301, Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Savage Md. Date May 2nd. 1933.

19. UNDERTAKER Chas. H. Davis & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED in 19[illegible]
[illegible]

MAY 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30th. 33

22. I HEREBY CERTIFY, That I attended deceased from April 26 19 33 to April 30 19 33

I last saw h[illegible] alive on April 29 19 33 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Reg. + Aortic Stenosis	Abt
Cerebral hemorrhage	10 Yrs
Arteriosclerosis	
Senile Debility	
Other contributory causes of importance:	
Secondary anemia	2 Yrs
Edema of extremities	2 Yrs

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Emma F. Keating M. D.

(Address) 6 E. Dover Rd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90035 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90035

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city, Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Gauss

(a) Residence: No. 4 N. Grant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 11/4/56

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nom-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fred E. Gauss.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Coon.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Gauss
(Address) 212 E Fort ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date May 1 1933

19. UNDERTAKER Wendell J Dippel
(Address) 200 S Eden st

20. Filed 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/28 1933 to 4/30 1933

I last saw h.IM alive on 4/30 1933. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	3
Other contributory causes of importance:	
Uremia	one week ago

Name of operation Nom. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Lee Schaefer M. D.
(Address) Balto city Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

(Grupe) M ✓ 210-001

E 90036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90036

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH South Baltimore General Hosp.

CITY OF BALTIMORE: (No.) ..... ST. ..... WARD 24

2-FULL NAME Charles L. Grupe

(a) RESIDENCE NO Coast Guard Cutter Apache ST. Curtis Bay WARD Effingham, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U. S. Coast Guard

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Gertrude —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Coast Guard Records,

(Address) Curtis Bay, Maryland

15 Filed MAY 1 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Struck by automobile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pennington & Arundle Aves

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

{Struck by auto while walking in road 4/30/33

(Signed) Joseph Downey, M. D.
Coroner

, 19 (Address) 2700 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ellingham, Md.

DATE OF BURIAL May 1, 1933

20 UNDERTAKER C. Leroy Stiffler, Inc.

ADDRESS 1256 North Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

90037.

E 90037

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1547 N. Fulton ST. 15-01 (WARD)

2-FULL NAME Annie M. Blizzard

(a) RESIDENCE NO. 1547 N. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Elijah Blizzard

6 DATE OF BIRTH (month, day, and year) May 29th 1853

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	11	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Thelma Groves

(Address) 1547 N. Fulton Ave

15 Filed MAY 1 1933. 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29th 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. H. Lentz, M. D. Coroner

(Address) 1 Jan 34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL 5/2 1933

20 UNDERTAKER J.H. Cook — ADDRESS 1319 Druid Pond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90038 E 90038

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Cator Ave 9-Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel H. Whittington

(a) Residence: No. 637 Cator Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23rd 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6/1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo. Whittington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT S. B. Busch

(Address) 637 Cator Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED [illegible] Registrar

May 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to April 30, 1933

I last saw him alive on April 29, 1933. Death is said to have occurred on the date stated above, at 12.20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	about June 1, 1930

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry C. Otto, M. D.

(Address) 1203 W Fayette St

Y 1 1933

9

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90039

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE EYE EAR & THROAT HOSP 104-002 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1214 EUTAW ST. 15-01 WARD)

2-FULL NAME JOSEPH SISK BARNETT

(a) RESIDENCE No. 3800 CLIFTON ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred MOST OF LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced (write the word): SINGLE

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) SEPT 1, 1916

7 AGE: 16 Years | 8 Months | 29 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: SCHOOL

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): BALTIMORE MD

PARENTS

10 NAME OF FATHER: HARRY B BARNETT

11 BIRTHPLACE OF FATHER (city or town) (State or country): MAGNOLIA DEL.

12 MAIDEN NAME OF MOTHER: GRACE SISK

13 BIRTHPLACE OF MOTHER (city or town) (State or country): CARDOVA MD

14 Informant: HARRY B BARNETT

(Address) 3800 CLIFTON

Filed MAY 1 1933. 19 Huntington Willis Deputy Registrar, N.Y.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 30 1933

17 I HEREBY CERTIFY, That I attended deceased from APR 20, 1933, to APR 30, 1933,

that I last saw HIM alive on APR 30, 1933,

and that death occurred, on the date stated above, at 11:20 A m.

The CAUSE OF DEATH* was as follows:

SEPTICEMIA

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) POST OPERATIVE INFECTION ILEAL (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? OVEN

Did an operation precede death? YES Date of APR 20 1933

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Philip Adelman M. D.

May 2, 1933 (Address) 1214 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chestertown MD — DATE OF BURIAL: 5/2 33

20 UNDERTAKER: Wm Cook — ADDRESS: 1214 E Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 90040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90040

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 S Monastery Ave) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A Lynch

(a) Residence: No. 153 S Monastery Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Lynch

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary M. Hyde

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary Lynch

(Address) 153 S Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

(Place) Cathedral Cem Date 5/2 '33

19. UNDERTAKER Geo A Farley Fulton & Fayette

(Address) Huntington W. Va.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 6th 1933, to April 25th 1933

I last saw h alive on April 27th 1933 Death is said to have occurred on the date stated above, at 8.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Chronic 2 years (1931)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinic (Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest Spencer jr. M. D.

(Address) 1123 Frederick Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90041

90041

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital 129 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 14-11 (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Elizabeth Wetzel

(a) Residence: No. 1712 Lemmon St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 21 1933

7. AGE: Years: 4 weeks | Months: 1 0 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Wetzel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Francis Keane

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Wetzel (Address) 1712 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 5/3 1933

19. UNDERTAKER Geo. A. Foley & Son (Address) Huntington & Fremont Aves

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1933 to 4-30, 1933

I last saw h alive on 4-30-33, 19 . Death is said to have occurred on the date stated above, at 8 15 Pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
General Hypostatic Pneumonia	

Other contributory causes of importance:

Name of operation Laparotomy Date of 4-30-33

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred VanDemark, M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

90042 STATE OF MARYLAND—CERTIFICATE OF DEATH E 90042

160-002

1. PLACE OF DEATH

Registration Dist. No. 16-01

~~County~~

Village or City Baltimore No. 732 S. Oldham St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Snell

(a) Residence: No. 732 S. Oldham St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 29 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ~~000~~

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Henry Snell

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Marie Hulong

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Henry Snell
(Address) 732 S. Oldham

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 5/1/, 1933

19. UNDERTAKER John G. Connelly
(Address) Essex

20. FILED , 19 Registrar.

MAY 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 1st, 1933
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1933, to ~~April 30~~ May 1st, 1933

I last saw her alive on Apr 30, 1933, death is said to have occurred on the date stated above, at 3 47 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Dystocia. — Date of onset

Other Contributory Causes of importance:

Placenta Previa

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify 2 hrs. to Surgeries

(Signed) H. E. Read M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Issued 2684

TION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90043

CERTIFICATE OF DEATH

XV 121 E 90043

1. PLACE OF DEATH Md. Gen. Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-21 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marvin Snyder

(a) Residence: No. 126 Maley St. Hanover Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student HS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John E. Snyder

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Louise Hoffman

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cemetery Date May 4 1933

19. UNDERTAKER Edw. Clifton

(Address) Hampstead Md

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-28 1933 to 5-1 1933

I last saw him alive on 5-1 1933 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis with Gen. Peritonitis	4/29/33
Other contributory causes of importance: Acute Pulmonary Edema	5/1/33

Name of operation Appendectomy & Drains Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Steiner M.D.

(Address) Md. Gen. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Y 1 1933

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 90044 B 90044 93 E 90044

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. md St. 20-91 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse Bradley

(a) Residence: No. 211 S. Hilton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) 5-18 1874

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	58	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 031

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupatinn —

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

FATHER

13. NAME Daniel Bradley

14. BIRTHPLACE (city or town) (State or country) Prince Wm Co. Va

MOTHER

15. MAIDEN NAME Ruth Hooker

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT Record Balto. City Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 4th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... Registrar.

Y 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1933 to 5-1 1933

I last saw h... alive on 5-1 1933 Death is said to have occurred on the date stated above, at 8:15A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	3-1-33

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

5-1-33 (Signed) Ellis Arnold M. D.
(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90045 HEALTH DEPARTMENT—CITY OF BALTIMORE T 90045

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette Cochran St. 12-01 Ward) Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Flintoff

(a) Residence: No. 319 W. 30th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND) (or) WIFE of Wm C. Flintoff

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Peat

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wm C Flintoff
(Address) 319 W. 30th St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Norfolk Va Date May 2nd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ~~Huntington Williams~~ Registrar.

MAY 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933, to May 1, 1933

I last saw her alive on May 1, 1933. Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Other contributory causes of importance: acute Cardiac dilatation	about 4-15-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Morris B. Schreter M. D.

(Address) Franklin Square Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90046

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90046

CERTIFICATE OF DEATH

✓ 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Hanlys St. 19-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Chas. Brown

(a) Residence: No. 1407 Hanlys St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write that word)
M	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sadie Brown

6. DATE OF BIRTH (month, day, year) May-12-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	32	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary R. Medley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm Brown

(Address) 1115 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date May 2, 1933

19. UNDERTAKER Louis P. Davenport

(Address) 1096 Pa. Ave.

20. FILED MAY 2 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1933 to April 28 1933

I last saw him alive on April 26 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB	1932

Other contributory causes of importance:

Name of operation nil Date of nil

What test confirmed diagnosis? nil Was there an autopsy? nil

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? nil If so, specify .....

(Signed) H. Hollander M. D.

(Address) 10 W. Lexington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90047 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90047

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital Baltimore, Md. St. 3-01 Ward)
Registered No. [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Holmes

(a) Residence: No. 1138 Watson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oysterman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 2-5-33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Caroline

FATHER

13. NAME David Holmes
14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Betsy Wheeling
16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 2, 1933

19. UNDERTAKER Harry A. Ritzke
(Address) 4101 Eastern Ave

FILED MAY 2 1933 Huntington Mitchell, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1933 to April 29, 1933
I last saw him alive on April 29, 1933 Death is said to have occurred on the date stated above, at 9:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease, aortic insufficiency	2-4-33
Other contributory causes of importance:	
Heart failure	4-26-33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. A. Ritzke M. D.
(Address) U.S. Marine Hospital

IMPORTANT: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 90048 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90048

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 62

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1512 Gilmor St. 21 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Miles

(a) Residence: No. 1405 Ward St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Addison Miles

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jane E. Wright

16. BIRTHPLACE (city or town) (State or country) E. Va.

17. INFORMANT Addison Miles
(Address) 1405 Ward St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 5/2 19 33

19. UNDERTAKER Walter B. Griggs
(Address) 139 W. Hamilton St.

20. FILED MAY 2 1933 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/33 19

22. I HEREBY CERTIFY, That I attended deceased from April 21 1933 to 4-29-33 19 ..... I last saw her alive on 4-29- 1933 Death is said to have occurred on the date stated above, at 5:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4/27/33
2 days	

Other contributory causes of importance:

Pellagra ← Secondary

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. H. Hopkins M. D.

(Address) 151 N. Gilmor

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90049

CERTIFICATE OF DEATH

v 108 E 90049

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 S Charles St. 22-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Jordan

(a) Residence: No. 620 S Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boone Co W. Va

FATHER

13. NAME Albert Jordan

14. BIRTHPLACE (city or town) (State or country) Boone Co W. Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ernest Jordan
(Address) 620 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cmty Date 5/3 1933

19. UNDERTAKER Watts B. Jones
(Address) 139 W. Hamburg St.

20. FILED MAY 2 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22 1933 to May 1 1933
I last saw h[illegible] alive on Apr 30 1933 Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4/22/33

Other contributory causes of importance:

Peritonitis (Pneumococcic) — 4/29/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Lyon Gamet M.D.
(Address) 615 N. Paca St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90050

M. D. B. 1268-9

E 90050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Bullo Life St. 11-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Coale

(a) Residence: No. 1318 Rutter St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta ? ? 1889

6. DATE OF BIRTH (month, day, year) 4- ?- ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0 0 4

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md,

FATHER

13. NAME Daniel Coale

14. BIRTHPLACE (city or town) (State or country) Balto. Md,

MOTHER

15. MAIDEN NAME Mary — —

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5-2- 1933

19. UNDERTAKER Dennett Eaches
(Address) 926 Pennsylvania Ave

FILED MAY 2 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4- 24 1933 to 4- 26 1933

I last saw him alive on 4- 26 1933. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia 4-	4-21-33

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

4-25-33 (Signed) Henry Hirshberg M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90051

CERTIFICATE OF DEATH

1314

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Maryland St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Henry Valentin

(a) Residence: No. 823 N. Streeper St St., ...Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Finagin Valentin

6. DATE OF BIRTH (month, day, year) January 17, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Valentin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Kurtz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date May 3, 1933

19. UNDERTAKER Wm. H. Valentin

(Address) 2326 Aisquith St.

20. FILED MAY 2 1933 19... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1933 to April 29, 1933

I last saw him alive on April 29, 1933 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	Aug. '32
Uremia	2-13-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) M. O'Reilly M. D.

(Address) U.S. Marine Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

McCloud

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90052

131

E 90052

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 70-01 Ward)

2-FULL NAME Annie McCloud

(a) RESIDENCE NO. 1202 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alex McCloud

6 DATE OF BIRTH (month, day, and year): 20 August 1857

7 AGE: Years 75 | Months 8 | Days 11 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Wilmington Dec

(State or country)

PARENTS

10 NAME OF FATHER: Patrick Donner

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Bridget McLaughlin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Sisters Attendant, Little Sisters of the Poor

(Address) 1202 Valley St. Balto. Md

Filed AY 2 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 — 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 1932 to May 1 1933,

that I last saw her alive on Apr 30 1933,

and that death occurred, on the date stated above, at 12:55 p.m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Chem

(Signed) L. Phil Lowe, M. D.

5/3/, 1933 (Address) 1114 Hartford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: May 3 1933

20 UNDERTAKER: Sylvia Wiedefeld — ADDRESS: 914 Greenmount Ave

very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90053

E 90053

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 S. Ann Street St. 7-01 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 38 yrs. mos. ds.

2. FULL NAME Maryanna Cebulska

(a) Residence: No. 329 S. Ann Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of Michael Cebulski

6. DATE OF BIRTH (month, day, year) May, 15th/1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	II	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Rozalski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Veronica Skrzynski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Cebulski

(Address) 329 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Cem. Date May, 4th/1933, 19

19. UNDERTAKER George A. Weber

(Address) 765 S. Ann Street

FILED MAY 2 1933 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933 to May 1, 1933

I last saw her alive on May 1, 1933 Death is said to have occurred on the date stated above, at 10 m. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	months 12
Pulmonary tuberculosis?	
Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George D. Peterson, M. D.

(Address) 43 N. Patterson Park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90054 E 90054

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5-5-18 Seymour Ave 28-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Florence Clagett

(a) Residence: No. 5-5-18 Seymour Ave, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem.	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saml. T. Clagett

6. DATE OF BIRTH (month, day, year) Oct. 14 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Keating

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Clagett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Son, T. D. Clagett

(Address) 5-5-20 Seymour Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date May 2nd, 1933

19. UNDERTAKER Ephraim Sons

(Address) 2324 Pennsylvania Ave

MAY 2 1933 Wilmington, Delaware

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from about a year ago 19... to May 1, 1933.

I last saw him alive on April 20, 1933. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset about a year ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Shemwell, M. D.

(Address) 3310 Tivoli Parkway

State cause of death in plain terms, so that it may be properly classified. Part statement OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 90055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90055

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Woodbourne ave St., 7-01 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. James Francis

(a) Residence: No. 717 Woodbourne ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Bald. County

FATHER

13. NAME James Francis

14. BIRTHPLACE (city or town) (State or country) Bald. Co.

MOTHER

15. MAIDEN NAME Elizabeth Bishop

16. BIRTHPLACE (city or town) (State or country) Bald. Co.

17. INFORMANT Cousin
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Waugh Cemetery Date May 2 33

19. UNDERTAKER Fred Lancaster Gray
(Address) 7401 Belair Road

20. FILED MAY 2 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1933 to April 30 1933

I last saw him alive on April 30 1933. Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1st 93.
Hypertension	

Other contributory causes of importance:

Apoplexy	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Carl F. Beeson M. D.

(Address) 5-111 York Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

90056

HEALTH DEPARTMENT—CITY OF BALTIMORE

23E 90056

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Dr.) 26-01 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Schlee

(a) Residence: No. 800 S. Dean st. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Schlee

6. DATE OF BIRTH (month, day, year) April 15, 1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Schlee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 4th 1933

19. UNDERTAKER Lilly & Zuber Sons (Address) 402 S. Wolfe St.

20. FILED MAY 2 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to April 30, 1933

I last saw him alive on April 30, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1930
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Bennett A. Rice M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90057

E 90057

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4815 Holabird Ave. St., 26-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ADAM HAMMEN.

(a) Residence: No. 4815 Holabird Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hammen.

6. DATE OF BIRTH (month, day, year) Nov. 23 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs.. or min.
	49	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Hammen

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Madeline Hartman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Anna Hammen (Wife)
(Address) 4815 Holabird Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date May 3 1933

19. UNDERTAKER Lilly - Fuller Inc.
(Address) 405 S. Wolfe St.

20. FILED MAY 3 1933 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Acute Indigestion

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B. P. Hergesmer M. D.
Coroner

(Address) 1305 N Fulleron Ave

M. D. B. 1268-9

90058 ✓ E 90058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. ..... St., 25-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Catherine McGeney

(a) Residence: No. 36 Township Rd. St., Dundalk, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of The Late James McGeney.

6. DATE OF BIRTH (month, day, year) July 2nd 1860

7. AGE: Years 72 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ? Lynch.
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hannah McGeney. (Address) Township Road Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cemetery Govans Date May 3rd 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 So Broadway

FILED MAY 2 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21 1933 to May 1 1933

I last saw her alive on May 1 1933 Death is said to have occurred on the date stated above, at 4 20 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Arteriosclerotic heart disease	
and decompensation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. A. Van Arsdale M. D.

(Address) 1st Lane, Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-13-23—M&T—500 Blks.

E 90059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90059

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 N. Carey St ST. 18-21 WARD)

2-FULL NAME Howard F. Jackson

(a) RESIDENCE NO. 511 N. Carey St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3-6-11

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
22	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Drug Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Isaac Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Susan Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co, Md

14 Informant Susan Jackson

(Address) 511 N. Carey St

15 Filed MAY 2 1933 Huntington Williams

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29- 1933

17

I HEREBY CERTIFY, That I attended deceased from 1-20 , 1933 , to 4-29- , 1933 ,

that I last saw h— alive on 4-29- 1933

and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Personal Knowledge

History (duration) yrs. 29 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) George C. Page M. D.

, 19 (Address) 1816 W. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	May 2 1933

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Presstman St

M. D. H. 1268-9

90060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90060

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Johnson

(a) Residence: No. 766 Pine St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sally Johnson

6. DATE OF BIRTH (month, day, year) Mar 2 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U.S.

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Sally Johnson (Address) 766 Pine St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 5/2/33

19. UNDERTAKER Chas. G. Cooper (Address) 514 N. Calhoun St

20. FILED MAY 2 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to multiple stab wounds	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edgar Fillers, M. D. Coroner

(Address) 273 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90061

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90061

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St., 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lydia Foster

(a) Residence: No. Home for The Aged M E Church St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Foster.

6. DATE OF BIRTH (month, day, year) Sept 4, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Benton

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Mary J Study

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Ella Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 2, 1933

19. UNDERTAKER George A Smyth

(Address) 1532 Hollins St

FILED MAY 2 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Apr 30, 1933.

I last saw her alive on Apr 30, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (Abdominal)	

Other contributory causes of importance:

Chr. Nephritis

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90062 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90062

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Bayonne Ave. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine R. Barrett

(a) Residence: No. 2801 Bayonne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, year) Dec. 15, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
51	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James H. Barrett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret C. Fahey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary G. Ficher
(Address) 2801 Bayonne Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date May 3, 1933

19. UNDERTAKER George J. Puth Inc
(Address) 1730 Harford Ave

FILED MAY 2 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1933 to April 30, 1933

I last saw h[illegible] alive on Apr 29, 1933 Death is said to have occurred on the date stated above, at 11 20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 24 33
Hypertension	3 24 33
Other contributory causes of importance: Chr Interstitial Nephritis	March 24

Name of operation No. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas J A Stamos M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90063

E 90063

CERTIFICATE OF DEATH

97-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Thames St. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Catherine Smith~~

(a) Residence: No. 3712 Claremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John T Smith Jr

6. DATE OF BIRTH (month, day, year) Dont know

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Gretrude Arnold
(Address) 1633 Thames St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cemetery Date May 3, 1933

19. UNDERTAKER John Collins
(Address) 2008 Orleans St

FILED MAY 2 1933 19 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apl. 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18th, 1933 to Apl. 30th, 1933
I last saw her alive on Apl. 30th, 1933 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
Other contributory causes of importance: Cardiac Failure	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert S. Kirk M. D.

(Address) 3126 Hartford Rd.

1-30—M. & T.—100 B—50L

E 90064

E 90064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S.Loudon Ave. ST. 20-01 WARD)

2-FULL NAME Charles M.Eunick.

(a) RESIDENCE NO 134 S.Loudon Ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If ~~MARRIED, Widowed, or DIVORCED~~ HUSBAND of ~~WIFE of~~ Lillie M.Eunick.

6 DATE OF BIRTH (month, day, and year) March 31,1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	1	

Change made May 3 1933 Ord Reinhardt Coron.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md.

PARENTS

10 NAME OF FATHER Thomas K.Eunick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Clinedenst.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Fernandas Eunick.(son)

(Address) 134 S.Loudon Ave.

FILED 1933 Huntington Wilson, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Ord Reinhardt Coroner, M. D.

19 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL May 3 1933

20 UNDERTAKER Harry W. Ellen & Nathan ADDRESS 1464

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-b

90065

HEALTH DEPARTMENT—CITY OF BALTIMORE

90065

CERTIFICATE OF DEATH

V 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5106 Anthony Ave St. 26-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johann George Schlicht

(a) Residence: No. 5106 Anthony Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Schlicht

6. DATE OF BIRTH (month, day, year) June 27/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Schlicht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Sauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Schlicht

(Address) 5106 Anthony Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 5-4 1933

19. UNDERTAKER Leonard J. Rinck

(Address) 1305 Hartig Rd.

20. FILED MAY 2 1933 Huntington Thomas, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated Before 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Arteriosclerosis	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Wallis M. D.

(Address) 506 E Monroe

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 90066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90066

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1503 Druid Hill Ave ST. WARD 14 - 21)

2—FULL NAME Gertrude Caesar

(a) RESIDENCE NO. 1503 Druid Hill Ave ST., WARD

(Usual place of abode) Life

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry

6 DATE OF BIRTH (month, day, and year): May 9, 1884

7 AGE: Years 48 Months 4 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Md

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Caesar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Mandelbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jane Lewis

(Address) 1503 Druid Hill Ave

15 Filed MAY 2 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29-1933

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1933, to April 29, 1933,

that I last saw her alive on April 29, 1933

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Dr. Hoffman Hospital, or Mt. Sinai)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Essential Hypertension

(duration) 1 yr. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Kolb, M. D.

(Address) 701 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 5/2/1933

20 UNDERTAKER: Mrs. Geo. H. Kolb

ADDRESS: 701 N. Eutaw St.

Important. See instructions on back of certificate.

M. D. B. 1869

E 90067. HEALTH DEPARTMENT—CITY OF BALTIMORE E 90067.

CERTIFICATE OF DEATH

Registered No. V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 721 E Chase St St. (10-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Gahan

(a) Residence: No. 721 E Chase St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: John F Gahan

6. DATE OF BIRTH (month, day, year): Aug 15, 1859

7. AGE: Years 73; Months 8; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Bryan Casserly

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine McDermott

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Catherine Gahan

(Address) 1122 Eusa St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 3 1933

19. UNDERTAKER: J Vernon Keyser

(Address) 1532 Hollyrood

20. [illegible] Registrar.

2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1933 to Apr 30 1933

I last saw her alive on Apr 30, 1933 Death is said to have occurred on the date stated above at 7:45 p m.

The principal cause of death and related causes of importance were as follows:

	Duration: Interval between onset and death
Carcinoma of Pancreas	Feb 1 1933
with obstruction jaundice	
Carcinoma of liver (about)	Mar 15 1933

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Physical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. R. Geraghty M. D.

(Address) 2225 St Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90068

CERTIFICATE OF DEATH

E 90068

160-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bobby Holland

(a) Residence: No. Glenwood Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	a a	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Charles Dorsey

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Emily Holland

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emily Holland

(Address) Glenwood Md

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER

(Address)

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 1 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 4 29 , 1933 to 5 1 , 1933

I last saw h C Alive on 5 1 , 1933. Death is said to have occurred on the date stated above, at 2-8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Compression	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. B. Butler M. D.

(Address) Provident Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 1933

M. D. B. 1268-9

E 90069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-90069

E 90069

CERTIFICATE OF DEATH

159 Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital St. 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Johnson

(a) Residence: No. 2221 Oak St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 8, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Stanley Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edna Marie Stubbs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date May 2 ..... 19 33

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 33 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8 ..... 1933, to April 27 1933
I last saw h im alive on April 27, 1933 Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital abnormalities (multiple)	4/8/33
Prematurity	4/8/33

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Joseph H. Jacobs M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Type—12-23-21—E.B.R.S.—400 Blks.

E 90070 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90070

CERTIFICATE OF DEATH.

159

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3903 St., Foster ave 3/6 Ward 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patricia Reale

(a) Residence No. 3903 St., Foster ave 26 Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 4/23/33

7-AGE, 8 yrs. mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country).....

PARENTS

10-NAME OF FATHER, Vincent Reale

11-BIRTHPLACE OF FATHER (city or town) (State or Country).....

12-MAIDEN NAME OF MOTHER, Margaret Rogers

13-BIRTHPLACE OF MOTHER (city or town) Italy (State or Country).....

14-(Informant) Mother

(Address) 3903 Foster ave

15-MAY 2 1933 Hamilton Williams Registrar. M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/1/33

17-I HEREBY CERTIFY, That I attended deceased from 4/23/33 19.. to 5/1/33 19.. that I last saw h.. alive on 5/1/33 19.. and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows: Premature birth (about 6½ months)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Status Lymphaticus

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Finnell M. D.

5/1/33 19.. (Address) 633-S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Bredella DATE OF BURIAL, May 2 19..

20-UNDERTAKER. ADDRESS

M. D. B. 1268-9

E 90071

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90071

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 700 S. Ellwood Ave St., 1-01 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary P. Voelker

(a) Residence: No. 700 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Voelker

6. DATE OF BIRTH (month, day, year) Jan. 18, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Voelker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adam Voelker Jr. (Son)
(Address) 3102 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. May 3, 1933 19
(place) (date)

19. UNDERTAKER Henry Sander & Sons, Inc. Henry F. Sander
(Address) Baltimore & Broadway

20. FILED . 19 Registrar.

MAY 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933, to April 30, 1933

I last saw h alive on April 27, 1933. Death is said to have occurred on the date stated above, at 10:12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Dyspnoea	1
Other contributory causes of importance:	
Hypertrophy Prostate	Yrs.
Chronic Pancreatitis	1 1/2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. P. Lemmon M. D.

(Address) 718 N. Patterson Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90072 E 90072

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lewis C. Voss

(a) Residence: No. 2033 Kent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Voss

6. DATE OF BIRTH (month, day, year) Oct. 1, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) at this occupation [redacted]

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Voss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret P.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Date May 4, 1933

19. UNDERTAKER Henry Sander & Sons. Inc.
(Address) Baltimore St. & Broadway

20. [illegible] Huntington Williams, M.D.
Registrar.

2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/4 1933 to April 30 1933

I last saw h.. alive on 4/30 1933. Death is said to have occurred on the date stated above, at 11:40am

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy

Date of onset

Other contributory causes of importance:

Uremia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sam Bruce Schaffner M. D.

(Address) South Calvert Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90073

E 90073

CERTIFICATE OF DEATH

23

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1038 Vine St. (St.) 16-01 (WARD)

2—FULL NAME Samuel Washington

(a) RESIDENCE NO. 1038 Vine St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 Yrs How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 4/30/01

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	✓	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer unk

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER William Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Sarah Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Sarah Holmes

(Address) 1038 Vine St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30-33

17 I HEREBY CERTIFY, That I attended deceased from 3-11-33, 19..., to 4-20-33, 19...,

that I last saw him alive on 4-21-33,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 11 yrs. 6 mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H. L. Burtpdale, M. D.

, 19 (Address) 524 N Gay St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL May 3, 1933

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3224 Edmondson St.

2 1933

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 90074

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 90074

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 W Lexington ST. 18 WARD)

2-FULL NAME Edward Thompson

(a) RESIDENCE NO. 1010 W Lexington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth Thompson

6 DATE OF BIRTH (month, day, and year) Feby 4, 1885

7 AGE: Years 48 | Months 2 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West River Md

PARENTS

10 NAME OF FATHER Philip Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. River Md

12 MAIDEN NAME OF MOTHER Lucy Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. River Md

14 Informant Elizabeth Thompson

(Address) 1010 W Lexington St

15 Filed 2 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to April 30, 1933, that I last saw h[illegible] alive on April 29, 1933, and that death occurred, on the date stated above, at 2.35 A m.

The CAUSE OF DEATH* was as follows:

Chronic Cardio Vascular Renal Disease

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. Howell M. D.

6/1, 1933 (Address) 601 Marriner Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: May 3, 1933

ADDRESS 322 N. Schroeder St.

20 UNDERTAKER: Mrs. Katie R. Williams

M. D. B. 1268-9

E 90075

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90075

CERTIFICATE OF DEATH

93-004

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2938 St. Paul St. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Gosborn

(a) Residence: No. 2938 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charleston
(State or country) W. Virginia

FATHER

13. NAME William F. Goshorn

14. BIRTHPLACE (city or town) Charleston
(State or country) W. Virginia

MOTHER

15. MAIDEN NAME Eliza Daggett

16. BIRTHPLACE (city or town) Cincinnati, Ohio
(State or country)

17. INFORMANT Mr. Fred W. Goshorn
(Address) 1017 Lee St., Charleston, W.Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Charleston W. Va. Date May 2 1933

19. UNDERTAKER Joseph H. Cobb
(Address) 1003 W. Baltimore St.

FILED MAY 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to May 1, 1933
I last saw him alive on May 1 1933 Death is said to have occurred on the date stated above, at 10:05 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	4/12/33

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph H. Kelly M. D.
(Address) 1207 Eutaw Place

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. H. 1268-9

E 90076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90076

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Price

(a) Residence: No. Hunnewell, Md. St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Hunnewell Miss

FATHER

13. NAME Thomas Price

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

MOTHER

15. MAIDEN NAME Augusta Legg

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Newmarket Md Date 5-3rd 1933

19. UNDERTAKER Bernard C Hazler
(Address) 1000 E Lafayette St

20. FILED 2 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-21 1933 to 5-2 1933

I last saw him alive on 5-2 1933 Death is said to have occurred on the date stated above, at 11:47 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Hypostatic Congestion	
Uremia ? Edema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) E. Legg M.D.

(Address) Md. Gen. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

90077

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-804 E 90077

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6 E.York St. (ST.) 22-01 (WARD)

2-FULL NAME Dominick E.Divincenzo.

(a) RESIDENCE NO 6 E.York St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ---mos.- ds. How long in U. S., if of foreign birth? 24 yrs. ---mos.--- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of (or) WIFE of XXXXXXX Anna M.Divincenzo.

6 DATE OF BIRTH (month, day, and year) July 21,1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Edward Divincenzo.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Angeline DeRocco.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Anna M.Divincenzo.(wife)

(Address) 6 E.York St.

15 Filed MAY 2 1933, 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30,1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Steinhardt, M. D. Coroner

5/2/33 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL MAY 3 1933

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90078

23

E 90078

CERTIFICATE OF DEATH

REGISTERED NO. 29-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST., (or WARD)

2-FULL NAME George T. Reisinger.

(a) RESIDENCE NO. 122 E. Montgomery St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a If married, widowed, or divorced, HUSBAND of (or WIFE of) Virginia Reisinger.

6 DATE OF BIRTH (month, day, and year) September 7, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George E. Reisinger.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant George E. Reisinger. (son)

(Address) 122 E. Montgomery St.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obteined by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Light & Montgomery Sts.

Did an operation precede death? April 29, 1933 Date of No.

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, M. D. Coroner

5/1/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: MAY 3 1933

UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

Filed MAY 2 1933, 192 Huntington Williams, M.D. Registrar

TION is very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90079

CERTIFICATE OF DEATH

108

E 90079

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 E. Lombard ST., 1-06 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ermenegildo Cocco

(a) RESIDENCE NO. 2107 E. Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Olga Cocco

6 DATE OF BIRTH (month, day, and year): Oct 2 - 1892

7 AGE: Years 40 41 | Months 7 | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer): 075

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Domenico Cocco

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Teresa Rosario

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Olga Cocco

(Address): 2107 E. Lombard St

15 FILED: MAY 2 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 - 1933

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to May 2, 1933

that I last saw him alive on May 2, 1933

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Epistaxis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Di Stefano M. D.

May 2, 1933 (Address) 407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: May 5 1933

UNDERTAKER: Martin W. E. Dipple 2nd

ADDRESS: 37 S. Ann St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90080

CERTIFICATE OF DEATH.

117 902

E 90080

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Bertch

(a) RESIDENCE NO. 409 S. Forester Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Veronica Bertch

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City

(c) Name of employer

9 BIRTHPLACE (city or town) Marion Ohio

(State or country)

PARENTS

10 NAME OF FATHER Bernard Bertch

11 BIRTHPLACE OF FATHER (city or town) Marion

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Veronica Bertch

(Address) 409 S. Forester Street

15 Filed Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforated Ulcer of Duodenum

(duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

, 19 (Address) 1305 N. Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. Date of Burial May 3 1933

20 UNDERTAKER John J. Weber ADDRESS 401 S. Chester St

very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90081

CERTIFICATE OF DEATH

Registered No. 151 B 90081

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Homestead St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elsie L. Burton

(a) Residence: No. 1419 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 25th 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs., or min.
	✓	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph Burton

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Elsie M. Dasch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph Burton

(Address) 1419 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Indiana, Ind. Registrar.

2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1-32, 19..., to May 1st 33, 19...

I last saw her alive on May 1st 33, 19... Death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hydrocephalus	Sept 32

Other contributory causes of importance:

Pneumonia Lobar	Jan 33

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Hermann, M. D.

(Address) 1710 E 33rd St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90082

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90082

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 49 Gorman Ave 30-01 Ward)

Length of residence in city or town where death occurred about 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick T. Hefting

(a) Residence: No. 49 Gorman St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of Minnie Hefting

6. DATE OF BIRTH (month, day, year) May 27th 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alma Mfg Co

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Winchester Va

FATHER

13. NAME Ernest Hefting

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Engle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frederick G. Hefting

(Address) 49 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westerne Date May 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED May 2 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to May 2 1933

I last saw h alive on May 1 1933. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis — Hypertension	1/1/33

Other contributory causes of importance: Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) John A Culp M. D.

(Address) 2140 N Balto St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90083 90083

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 E. Lafayette Ave 8-01 Ward)

Length of residence in city or town, where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Simeon E. Pritchett

(a) Residence: No. 1825 E. Lafayette Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hettie Ann Pritchett

6. DATE OF BIRTH (month, day, year) Nov 6 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crapo md

FATHER

13. NAME John O. Pritchett

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Margaret Brand[illegible]

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mr Simeon E Pritchett
(Address) 1825 E. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lakewood Cem Date May 3 19 33

19. UNDERTAKER John O. Mitchell
(Address) 1900 Eastern Ave

20. FILED 2 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1933

22. I HEREBY CERTIFY, That I attended deceased from October 13 1932 to April 30 1933

I last saw him alive on April 30 1933. Death is said to have occurred on the date stated above, at 730 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 Yrs
Arterial Hypertension	1 Yrs
	2 Mo.

Other contributory causes of importance: Uremia & Cardiac Dilatation — 1 Day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Greenberg M. D.

(Address) 2015 E. Preston St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90084 HEALTH DEPARTMENT—CITY OF BALTIMORE 90084

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 362 Buena Vista Ave St., 27-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Lizardo

(a) Residence: No. 362 Buena Vista St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Lizardo

6. DATE OF BIRTH (month, day, year) Nov 3 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Francis Lizardo

14. BIRTHPLACE (city or town) (State or country) Portugal

MOTHER

15. MAIDEN NAME Elizabeth Warrington

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Victoria Lizardo

(Address) 362 Buena Vista

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 7 1933

19. UNDERTAKER J. E. Marshall

(Address) 350 Gilmor

20. FILED MAY 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to May 6 1933

I last saw h— alive on Apr 30 1933. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Jan 33
Myocarditis.	Jan 33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Cruzbein M. D.

(Address) 3701 Roland Ave

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

V3 1933

M. D. R. 1203-9

E 90085 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90085

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 W. Pratt St. St., 14-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME Emma O. Josenhans

(a) Residence: No. 1715 W. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1847.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Charles J. Josenhans

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Caroline D. Dieterly

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Elizabeth D. Josenhans
(Address) 1715 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 4, 1933

19. UNDERTAKER Henry A. Duffie
(Address) 101 Edmondson Ave.

20. FILED May 3 1933 H. Leigh Matthews, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1933 to May 2, 1933
I last saw h alive on May 1, 1933 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	10 days ago
Arteriosclerosis	8 days
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of 20

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Kelly M. D.
(Address) 707 N. Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90086

CERTIFICATE OF DEATH

E 90086

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kennetta Robinson

(a) Residence: No. 810 W. Saratoga Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col'd

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Fred Robinson

6. DATE OF BIRTH (month, day, year): Aug 5-1882

7. AGE: Years 50; Months 8; Days 25; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: James Giffin

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Louise Cap,

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wm Giffin

(Address): 215 Ellerton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 5/4/33, 19

19. UNDERTAKER: Isaiah L Brown & Son

(Address): 1015 W Mount Royal Ave Huntington Millcastle Md

20. FILED MAY 3 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30th 33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , and last saw h alive on May 30th 33, and that death occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
4 Days	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. O. Luck, M. D.

Coroner

(Address)

M. D. B. 1268-9

90087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90087

CERTIFICATE OF DEATH

Registered No. 91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 N. Hilton St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George R. DeFalco

(a) Residence: No. 130 N. Hilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella G. DeFalco

6. DATE OF BIRTH (month, day, year) 1/14/1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning House

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Pasquale DeFalco

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Stella L. Slick

(Address) 130 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 5th 1933

19. UNDERTAKER E & B Hearle

(Address) 413 E. West St.

FILED MAY 3 1933 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from November 10 to May 2 1933

I last saw him alive on May 1-0 1933. Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	22 yrs
Uraemia	3 days

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. L. Beyton M. D.

(Address) 301 E Cross St.

Cor.—12-9-26—A Co.—200 Bks.

90088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90088

92-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3406 Pickory Ave. 13-01 Ward)

2-FULL NAME John Henry Dell

(a) RESIDENCE NO. 3406 Pickory Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married (see Rill)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Dell

6 DATE OF BIRTH (month, day, and year) June abt 1868?

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
64 65	11	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Westminster Md

PARENTS

10 NAME OF FATHER John C. Dell

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) unknown

12 MAIDEN NAME OF MOTHER Amanda Little

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Elizabeth Hamilton

(Address) 2037 E. Eager st

15 Filed _____ Huntington Williams, M.D. Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 / 1933. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death about May 2nd on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Disease of Lung

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D.
(Coroner)

5/5, 1933 (Address) 3612 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.,....mos.,....ds. In the State ....yrs.,....mos.,....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hasley Cemetery Fairmount Md. Date of Burial May. 5 / 1933.

20 UNDERTAKER _____ ADDRESS

3418 Chestnut Ave. J. Walter Davis

M. D. B. 1268-9

E 90089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90089

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 25-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Murphy

(a) Residence: No. Mount Hope Retreat St., ... Ward. Baltimore, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Murphy.

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John M Murphy.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Keegans

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mount Hope Retreat

(Address) Baltimore Md.

18. BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date May 4, 1933

19. UNDERTAKER John A. Vogt

(Address) 3500 E. Baltimore St

20. FILED Huntington Millinery, Md

MAY 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1931 to May 2 1933

I last saw him alive on May 1, 1933 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Adeno-Carcinoma Prostate	?
(b) Acute Bronchopneumonia	3 days
(c) Arterio Sclerosis	3 yrs.

Other contributory causes of importance:

Chronic Depression	10 yrs.
Melancholia	

Name of operation None Date of .....

What test confirmed diagnosis? C.C. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Bonelli M. D.

(Address) 23 N Fredrick Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90090 HEALTH DEPARTMENT—CITY OF BALTIMORE 90090

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte Flizgerring

(a) Residence: No. 600 N Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Flizgerring

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Louis Lee

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date May 3, 1933

19. UNDERTAKER Wm. R. G. Elliott
(Address) 831 N. Carrollton Ave.

FILED MAY 3 1933
MAY 3 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to May 1, 1933.

I last saw her alive on May 1, 1933. Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2-1-33
Chronic vascular nephritis	4-1-32
Hypertension	1930
Arteriosclerosis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1262-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

V. F 90091

CERTIFICATE OF DEATH

47

90091

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2592 W. Fayette St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry N. Reinlein

(a) Residence: No. 2592 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary L. Reinlein

6. DATE OF BIRTH (month, day, year) Sept. 6 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Bus.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Sebastian Reinlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Eckhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary L. Reinlein

(Address) 2592 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date May 6 1933

Place

19. UNDERTAKER Wm. McCurdy Sons

(Address) Northern Ave.

Registrar.

MAY 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933 to May 1, 1933

I last saw him alive on May 1, 1933. Death is said to have occurred on the date stated above, at 11.15 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma (Lungs and Re fibia)

Date of onset .....

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? x-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Cranmer M. D.

(Address) ~~1717~~ 5 W. Chesapeake

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90092

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3506 Clifton Ave. St. 15-01 (Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Bryan

(a) Residence: No. 3506 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thaddeus Bryan

6. DATE OF BIRTH (month, day, year) Apr. 7. 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co Md.

FATHER

13. NAME Ferdinand Weber

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Nancy Bayer

16. BIRTHPLACE (city or town) (State or country) Wash. Co Md.

17. INFORMANT Mrs D. Sherin
(Address) 3506 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date May 4. 1933

19. UNDERTAKER Chas. Wesley Boyd
(Address) Howard & Lanvale Sts

20. FILED May 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1933 to May 2 1933

Last saw h[illegible] alive on May 2 1933 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset about Jan 1/33

Other contributory causes of importance:

Arteriosclerosis — 3

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Stubbs M. D.

(Address) 2220 Harrison Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 90093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90093

CERTIFICATE OF DEATH

95-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1016 Leadenhall St. ST. 23-001 WARD)

2-FULL NAME Kate Taylor.(C) or Kate Anderson.(C)

(a) RESIDENCE NO 1016 Leadenhall St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If married, widowed, [illegible] (or) WIFE of John Taylor.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 60	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md,

PARENTS

10 NAME OF FATHER Richard Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

14 Informant Florence Carter.(C) sister.
(Address) 1016 Leadenhall St.

15 Filed MAY 3 1933, 192 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Arterio sclerosis.
Acute dilatatio n of the heart.

(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

5/2/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

UNDERTAKER Haller B. Spriggs

DATE OF BURIAL 5/3 1933

ADDRESS 139 Withington St.

TION is very important. See instructions on back of certificate.

E 90094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90094

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-C (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Roy Smith

(a) Residence: No. Anchorage Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith

6. DATE OF BIRTH (month, day, year) May 17 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	38	11	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles H Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emma Cray

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William G Smith

(Address) 216 Fairmount Rd Chas

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date May 3 1933

19. UNDERTAKER John C. Miller

(Address) 2435 E. Oliver St Baltimore, Md.

20a. FILED MAY 3 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on May 1 1933 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental Drowning

Other contributory causes of importance:

Fell in Harbor Pier 6 Pratt St

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury May 1 1933

Where did injury occur? Chas
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James H Kenton Coroner, M. D.

(Address) 700 E Chase

Spec.—12-8-25—A Co.—200 Bks.

90095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90095

V 131

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-04 Ward)

2-FULL NAME Elizabeth Lawless

(a) RESIDENCE NO. Green Valley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Old

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Southerland

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Henrietta Woodward

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Theodosia

(Address) [illegible]

15 Filed 1933, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1930 to May 3 1933, that I last saw her alive on May 1 1933, and that death occurred, on the date stated above, at 5:10 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis Cerebro Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab.

(Signed) L. [illegible] M. D.

5/3, 1933 (Address) 111 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial May 3 1933

20 UNDERTAKER Rita Friedfield ADDRESS 1111 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90096

CERTIFICATE OF DEATH

E 90096

94-887

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Cedley Ave St., 25-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Bradley

(a) Residence: No. 2306 Cedley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Bradley

6. DATE OF BIRTH (month, day, year) May 26 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John R. Bradley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Wilemina Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Edw. F. Bradley
(Address) 2306 Cedley Ave

18. BURIAL, CREMATION, OR REMOVAL:
Place Cedar Hill Cem Date May 4th 19 33

19. UNDERTAKER I. Fenw Mc Cully
(Address) 130 E [illegible] Ave

20. MAY 3 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 4 — , 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 19..., to May 1, 1933

I last saw him alive on May 1 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 days
Arteriosclerosis	4/30/33

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. H. Campbell M. D.

(Address) 1649 Madison Ave

1-30—M. & T.—100 B—50L

90097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90097.

34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3827 Hanover St. ST., 23-W (WARD)

2-FULL NAME Robert W. Burley.(C)

(a) RESIDENCE NO. 3827 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, HUSBAND of Addie Burley(C)

6 DATE OF BIRTH (month, day, and year) November 25, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. C
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) AA.Co.Md.

PARENTS

10 NAME OF FATHER Esehial Burley(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co

12 MAIDEN NAME OF MOTHER Henrietta Harvey(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co. Md

14 Informant Addie Burley(C) wife.

(Address) 3827 Hanover St.

15 Filed 5 3 1933 92 Huntington Ave Baltimore Md

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30/33 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphalitic Aortitis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Thos M Reinhardt, M. D. Coroner

19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 5-4 1933

ADDRESS 916

20 UNDERTAKER Lewis Easton

Pa ne

M. D. B. 1268-0

8

HEALTH DEPARTMENT—CITY OF BALTIMORE 90098

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Warren Ave St. 7th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A Forsyth

(a) Residence: No. 339 Warren Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ann E Forsyth

6. DATE OF BIRTH (month, day, year) Aug 4 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert T Forsyth

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Harriet Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT William H Forsyth

(Address) 339 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 4 1933

19. UNDERTAKER John F Dennis

(Address) 715 Light St

20. FILED MAY 3 1933 Huntington Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17 1933 to May 1 1933

I last saw him alive on Apr 7 1933 Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	3/19/33
Other contributory causes of importance:	
Arterio-Sclerosis	1931
Diabetes -	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J F Forsythe M. D.

(Address) 16 Hamilton St.

L.D. 90099 ✓ E 90099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 E. North Ave. St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Carter,

(a) Residence: No. 1603 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Carter

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Dempsey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Family Records.

(Address) 1603 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 5th 1933

19. UNDERTAKER Chas F. Ward Son

(Address) 118 N. Sarl. Royal Av

MAY 3 1933 Huntington Williams

Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 28- 1933 to May 2- 1933

I last saw her alive on May 1- 1933 Death is said to have occurred on the date stated above, at 3-30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Coronary artery	4/28-33
Other contributory causes of importance: Edema Lungs	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

90100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90100

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — 15-0 — Registered No. 87-862

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 27 yrs. ... mos. ... ds.

2. FULL NAME Abraham Ehrlich

(a) Residence: No. 2108 Mallows St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rickie

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolfe

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah B

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 5/3/33 19

19. UNDERTAKER Jack Sam Inc
(Address) 1439 E Baltimore St.

20. FILED 1933 Thompson Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 26 19 33 to May 2 19 33

I last saw h/ alive on May 2 19 33 Death is said to have occurred on the date stated above, at 6 20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	7 Days
Terminal Bronchio-Pneumonia	4 Days

Other contributory causes of importance:

Arteriosclerosis	?
Myocardial Hyper-Dilatation	?
& Degeneration	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Samuel Kraus M. D.

(Address) 1 W. Pres. St.

OCCUPATION IS Very Important. See instructions on back of certificate.

M. D. B. 1268-9

90101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90101

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4240 Park Hgts Av St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Hyman Cane

(a) Residence: No. 4240 Park Hgts Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fannie Cane

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Cane

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc

(Address) 1439 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Name Hebrew Cemetery Date 5/3/33

19. UNDERTAKER Jack Lewis Inc

(Address) 1939 E Balto St

20. FILED 1933 Huntington Ave Pittsburgh Pa Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3-33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw him alive on 5/2, 19 33. Death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	
Other contributory causes of importance: Possibly Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. L. Hildebrandt M. D.

(Address) 2225 Linden Ave

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90102

CERTIFICATE OF DEATH

v 131 E 90102

1. PLACE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6201 York Road St., 27-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lydia Mary Fowler

(a) Residence: No. 6201 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph A. Fowler

6. DATE OF BIRTH (month, day, year): May 10 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
61	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Joseph A. Fowler
(Address): 6201 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cemetery Date: May 4 . 1933

19. UNDERTAKER: George L. Schwab
(Address): 211 Frederick Ave

20. FILED: MAY 3 1933 Registrar. Huntington Pikesville Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1st . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 . 1933 to May 1 . 1933

I last saw h e alive on Apr 27 1933 death is said to have occurred on the date stated above, at 6'15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis & hypertension	10 or 11 yrs ago.
Other contributory causes of importance: Coronary thrombosis	Sudd'nly

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) McGuire and Hood . M. D.

(Address) 2216 Garrison Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90103

CERTIFICATE OF DEATH

48 E 90103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Smith

(a) Residence: No. 1935 W. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Smith

6. DATE OF BIRTH (month, day, year) Aug 16 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William E. Stange

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry E. Smith

(Address) 1935 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 4 1933

19. UNDERTAKER George L. Schnaut

(Address) 701 Fredrick Ave.

20. FILED MAY 3 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30 1933 to May 1 1933

I last saw her alive on May 1 1933. Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	5/1/33
Intestinal Obstruction	4/30/33

Other contributory causes of importance:

Generalized Carcinomatosis	?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Emil J. C. Hildebrand M. D.

(Address) University Hospital

M. D. B. 1268-9

E 90104 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90104

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-1 Ward)

Length of residence in city or town where death occurred 45 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Hewson

(a) Residence: No. 1304 Appleby Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nancy H. Hewson

6. DATE OF BIRTH (month, day, year) January 26, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Gas Equipment Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Hewson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucy Day

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Nancy H. Hewson
(Address) 1304 Appleby Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 5, 1933

19. UNDERTAKER Horace F. Burgee
(Address) 2651 Falls Road

FILED 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to Pulmonary Tuberculosis

Duration of event

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Mist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) (Attending)

M. D. B. 1265-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90105

CERTIFICATE OF DEATH

E 90105

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Patapsco St. St., 23-21 Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret L. Perrone.

(a) Residence: No. 1612 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) October 6, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Perrone.

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Bertha Ward.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bertha Perrone. (mother)
(Address) 1612 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 5, 1933

19. UNDERTAKER C. Edward Evans
Address 25 E. Franklin St.

FILED May 3 1933, 19

Huntington Pattavia, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19, to, 19, that I last saw [illegible] alive on [illegible], 19, Death is said to have occurred on the date stated above, at 6.25 a.m.

The principal cause of death and related causes of importance were as follows:

Diarrhoea & Enteritis. — Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If [illegible] specify

(Signed) Theo M. Heinhardt, M. D.
Coroner

5/3/33 Address 1017 E. Charles St.

M. D. B. 1268-9

E 90106 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90106

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Rose Kemp Place St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Slater Sr

(a) Residence: No. 3306 Rose Kemp Place St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Mary L Slater

6. DATE OF BIRTH (month, day, year) July 21 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	25 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Slater

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME E Hartlew

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Mary Slater
(Address) 3306 Rose Kemp

18. BURIAL, CREMATION, OR REMOVAL
Place Date 5/5 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. Filed [illegible] 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1931 to May 2, 1933

I last saw h alive on May 2, 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? Electrocardiograph Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Claud Fenwick M. D.

(Address) 4 Chesterfield Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90107 E 90107

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Jefferson St. 5-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Robinson

(a) Residence: No. 1307 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rubin Robinson

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robert Fleming

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Boyd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT family

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 5 1933

19. UNDERTAKER Robert F. Wilding

(Address) 1515 N. Eutaw St

20. FILED ... 19... ... Registrar.

MAY 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1933

I HEREBY CERTIFY, That I attended deceased from April 28 1933 to May 2 1933

I last saw h alive on May 2 1933 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	April 28
Senility	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo. J. Gallen M. D.

5-3-33 (Address) 50 Cunningham St.

DOCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 90108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90108

CERTIFICATE OF DEATH

178-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Butler nee also Bonnaville Hosp.

(a) Residence: No. Almstead-Leonardtown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) ? 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date 5/2/33

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED MAY 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1933 to 5-3, 1933

I last saw her alive on 5-3, 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	

Other contributory causes of importance:

Operative Anesthetic

Sleeping victory

Name of operation ..... Date of 5-3-33

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W B Butler M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90109

CERTIFICATE OF DEATH

V 94 E 90109

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Indiana Ave. St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Briemann.

(a) Residence: No. 2825 Indiana Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Ruth Briemann.

6. DATE OF BIRTH (month, day, year) October 8, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12-3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Briemann.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine ---------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Ruth Briemann. (wife)
(Address) 2825 Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 5/4 19 33

19. UNDERTAKER Tim Lord
(Address) 1421 E. Fayette St.

Huntington Avenue, M.D.

20. FILED 5 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19 to 19 Death is said to have occurred on the date stated above, at 8.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---------- Date of injury 19
Where did injury occur? None.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ----------
Manner of injury ----------
Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhardt Coroner, M. D.
5/2/33 (Address) 1017 E. Charles St.

M. D. R. 1268-9

Dr. T. M. Lumpkin 3409 Calloway Ave Jo 1974

HEALTH DEPARTMENT—CITY OF BALTIMORE

90110 90110

CERTIFICATE OF DEATH

82-001

Registered No. 7-31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Chilham Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Strohmeier

(a) Residence: No. 2209 Chilham Rd. Ward. Mt Washington

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Henry C. Strohmeier

6. DATE OF BIRTH (month, day, year) Feb 16th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Steinfort

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Amelia Shaw

(Address) 2209 Chilham Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 3 1933 Huntington Ave Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1932 1932 to May 2 1933

I last saw her alive on May 1 1933 Death is said to have occurred on the date stated above, at 10 35 m. a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oct. 15 1932	
Carcinoma Pancreas	April 30

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation None Date of —

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lumpkin M. D.

(Address) 3409 Calloway Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90111

90111 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Scott Street St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Salvatore V.J.Cerniglia

(a) Residence: No. 601 Scott Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, year) July 4, 1923.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	9	28	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Cerniglia

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Josephine Massina

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT John Cerniglia
(Address) 601 Scott Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date May 4, 1933

19. UNDERTAKER George J. Ruth Inc.
(Address) 1735 Eutaw Pl. Mary T. Ruth

RECEIVED MAY 3 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-2- 1933 to 5-2- 1933

I last saw him alive on 5-2 1933 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Congestion.	Several days
Acute Pneumonitis -	before death.
Other contributory causes of importance:	
acute Myocarditis -	Same.

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Swarts M. D.

(Address) Medical Certifier

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 90112

HEALTH DEPARTMENT—CITY OF BALTIMORE

163 E 90112

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No.) ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline M. Brandt

(a) RESIDENCE NO 2017 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Trained nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Irvin Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Valeria Brandt
(Address) 2017 N. Charles St.

15 Filed 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Morphine Sulfate (Suicide)

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

(Address) 3632 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Memorial Park

DATE OF BURIAL May 4 1933

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North Ave.

MAY 4 1933

M. D. H. 1205-B

E 90113

E 90113 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 W. North Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME A. Ardenne Hoffman

(a) Residence: No. 2417 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. O. Hoffman

6. DATE OF BIRTH (month, day, year) Sept. 9, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Oliver P. Harding

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Belinda Norris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Beulah M. Hoffman

(Address) 2417 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date May 5, 1933

19. UNDERTAKER Wm. Wickes Sons

(Address) North & Pinnacles

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to May 2, 1933

I last saw h[illegible] alive on May 1, 1933 Death is said to have occurred on the date stated above, at 10.30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1928

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 720 W. North Ave

E 90114

M. D. B. 1268-9

Rudy

E 90114 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Springdale St., 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca N. Rudy

(a) Residence: No. 3702 Springdale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Levi Wesley Rudy

6. DATE OF BIRTH (month, day, year) Sept. 3, 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	92	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown Md.

FATHER

13. NAME John Appleman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nancy A. Sadler

16. BIRTHPLACE (city or town) (State or country) Carlisle Pa.

17. INFORMANT Mrs Edith Robinson

(Address) 3702 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 5 1933

19. UNDERTAKER Wm J. Reuss Bond

(Address) North & Pa Aves

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to 5-2, 1933

I last saw h.. alive on 5-2, 1933 Death is said to have occurred on the date stated above, at 8.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiac calapse.	

Other contributory causes of importance:

Senility — Malnutrition
Chr. Hypertrophic arthritis
Ind. Inguinal hernia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles A. Feldmeyer M. D.

(Address) 719 Park Ave

M. D. B. 1268-9

Hephzibah Smith ✓

E 90115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90115

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Church Home and Infirmary (Ward) 16-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Hephzibah Smith

(a) Residence: No. 80 South Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 3, 1933

11. Total time (years) spent in this occupation 50 yr.

12. BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

FATHER

13. NAME Thomas Sweet

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hephzibah Newman

16. BIRTHPLACE (city or town) (State or country) Bermuda.

17. INFORMANT (Address) 80 South Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 6, 1933

19. UNDERTAKER Wm J Tuchman & Sons
(Address) North & Pa

20. FILED MAY 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to May 3, 1933

I last saw her alive on May 3, 1933 Death is said to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia,	April/33
Pulmonary insufficiency,	1 yr.

Other contributory causes of importance:

Bronchitis, chronic	4 yrs.
Hypertension, chronic	4 yrs.
Cholecystitis, chronic.	2 yrs.

Name of operation Exploratory Laparotomy Date of operation April 21, 1933

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Richard C. Cumming, M. D.

(Address) 3600 Church Home and Infirmary

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90116 E 90116

CERTIFICATE OF DEATH

49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ellen L. Compton

(a) Residence: No. 1420 Bolton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Never married

6. DATE OF BIRTH (month, day, year) October 11th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

FATHER

13. NAME John Compton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Barbara Lawrence

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Robert. Brent (Address) Relative (by marriage)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Mem Date May 5th 1933

19. UNDERTAKER Henry. W. Jenkins & Sons Co (Address) Orchard. Edmondson Ave

FILED 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/8/33 1933 to 5/3 1933

I last saw her alive on 5/3 1933 Death is said to have occurred on the date stated above, at 12.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Ovarian Malignancy	May 7 1933
(a) Abdominal Peritonitis	
(b) Encysted Pleurisy	
Other contributory causes of importance:	
(1) Bronchial Pneumonia	
(Bilateral)	

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Beverley. L. Compton M. D.

(Address) Womans Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90117.

CERTIFICATE OF DEATH

59 E 90117

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward).

Length of residence in city or town where death occurred about 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John (Shaun) Gilmartin

(a) Residence: No. 5105 Palmer Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seraphina Gilmartin

6. DATE OF BIRTH (month, day, year) Oct 5 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race Track

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

FATHER

13. NAME James Gilmartin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Joanna McCarthy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Hospital Records Md. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place New York, N.Y. Date 5/5 1933

19. UNDERTAKER Herman Lippman

(Address) 4411 Park Heights Ave. Attorney for Executrix, N.Y.C.

20. FILED 5 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-28 1933 to 5-3 1933

I last saw him alive on 5-3 1933 Death is said to have occurred on the date stated above, at 8 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus with Gangrene of left foot	1918
	10 days ago
Other contributory causes of importance:	
Myocardial Failure	5-2

Name of operation Amputation Left Leg Date of 5-1-33

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) E. L. Brown M.D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90118

E 90118

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Federal St., 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice May Hicken

(a) Residence: No. 1610 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Hicken

6. DATE OF BIRTH (month, day, year) Jan 18.1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm. H. Hall

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Odelia A. Peterson

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Carrie A. Huber (sister)
(Address) 1618 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL.
Place Dillsburg Cemetery Date May 5th 1933

19. UNDERTAKER Henry Hoeg (Sons Inc.
(Address) 1241 E Eager St

20. FILED May 4 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2/33 1933

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1933

I last saw h alive on 1933 Death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset

(History given by attending physician)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1933

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) John Haller M. D.
Coroner

(Address) 508 E North Ave

M. D. R. 1268-9

90119

HEALTH DEPARTMENT—CITY OF BALTIMORE 90119

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Virginia Ave. St. 92-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James William Arnold

(a) Residence: No. 3203 Virginia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Mary Arnold

6. DATE OF BIRTH (month, day, year) April 16, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	-	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) August 19.1

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME ? Arnold

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Hannah Arnold

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT Mrs. Rosa Mary Arnold
(Address) 3203 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date May 4" 1933

19. UNDERTAKER Joseph B Cook
(Address) 1303 W. Baltimore Ste

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1932 to May 1 1933

I last saw him alive on May 1 1933 Death is said to have occurred on the date stated above, at 2.10 Pm

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic valvular heart disease

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ernest H. Lahm M. D.

(Address) 3005 W. North Ave.

M. D. B. 1268-9

90120 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90120

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2308 E. Federal St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Gosnell

(a) Residence: No. 2308 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred H. Gosnell

6. DATE OF BIRTH (month, day, year) September 29, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William A. Cunningham

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Mary E. McComas

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mr. E. L. Cunningham
(Address) 1530 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date May 4 1933

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14 1933 to May 2nd 1933

I last saw h er alive on May 1st 1933 Death is said to have occurred on the date stated above, at 9.23A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Victor Goldberg M. D.
(Address) 1524 N. Patterson Park Ave.

Spec.—9-30—A. & Co.—250 Blks.

90121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90121

CERTIFICATE OF DEATH.

93-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 920 W. Mulberry St. 18-01 WARD)

2-FULL NAME Ida King

(a) RESIDENCE NO. 920 W. Mulberry ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest King

6 DATE OF BIRTH (month, day, and year) Apr 20, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick
(State or country) Md

PARENTS

10 NAME OF FATHER Bud Goins

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Md

12 MAIDEN NAME OF MOTHER Clara ?

13 BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Md

14 Informant Della Murray
(Address) 330 E. Stricker St.

15 Filed 1933, at Interstate Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 33

17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 1933, to Apr 30, 1933
that I last saw her alive on Apr 29, 1933
and that death occurred, on the date stated above, at 5-20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocard. Tis

(duration) ... yrs. mos. 10 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. N. Hatcher, M. D.
5/1/1933 (Address) 1216 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 4, 1933

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 322 N. Schroeder St.

Spec.—2-29-28—L. F. S.—500 Bks.

Julia Canada

90122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90122

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 W Barre ST. 72-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Cannada

(a) RESIDENCE NO. 630 W Barre ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widow

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of deceased

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Eleanor Lacy

(Address) 630 W. Barre

15 Filed 4 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to May 2, 1933,

that I last saw h[illegible] alive on May 1st 1933

and that death occurred, on the date stated above, at 7:25 P m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

endocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) apoplexy

(duration) 3 yrs. 2 mos. 12 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? ✓

(Signed) J. Edward Fraker M. D.

5-4, 1933 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Cem.

DATE OF BURIAL 5/6 1933

20 UNDERTAKER Mrs Jos. F. Locks

ADDRESS 1302 Jefferson st.

M. D. R. 1268-9

90123

HEALTH DEPARTMENT—CITY OF BALTIMORE 90123

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Balto City Hospitals

Registered No.

CITY OF BALTIMORE: (No. Balto Md St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Glencel (Lencel)

(a) Residence: No. 2141 Cambridge St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie

6. DATE OF BIRTH (month, day, year) Temp

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 674

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Julius Glencel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Trischy ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May. 6 . 1933

19. UNDERTAKER J. W. Dzierzynski

(Address) 1222 E. Fayette St.

20. FILED MAY 8 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3- . 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24- . 1933 to 5-3- . 1933

I last saw him alive on 5-3- . 1933 Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	2 days
Other contributory causes of importance:	
Chronic Alcoholism	12 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Goldsmith M. D.

(Address) Baltimore City Hospitals

90124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 90124

V 15

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S Ann St St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Zalewski

(a) Residence: No. 227 S. Ann St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rosary Zalewski

6. DATE OF BIRTH (month, day, year) Nov. 24, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales. 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Marcian Zalewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Truzinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Zalewski

(Address) 227 S Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 5, 1933

19. UNDERTAKER M. Zgrzebski & Sons

(Address) 1930 E Baltimore

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 3, 1933

I last saw him alive on May 3, 1933 Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cellulitis of Face	Apr 28 1933

Other contributory causes of importance:

Septicemia ?
Acute Heart Failure (Angina) May 1

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eustace E. Little M. D.

(Address) 719 Park Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Clark
Port Endurant

HEALTH DEPARTMENT—CITY OF BALTIMORE

90125

CERTIFICATE OF DEATH

93-003 E 90125

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1117 N. Appleton ST., 16-21 WARD)

2—FULL NAME George Washington Raab

(a) RESIDENCE NO. 1117 N. Appleton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 0 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Louise Simon Raab

7 DATE OF BIRTH (month, day, and year): Oct 3rd 1855

8 AGE: Years 77 | Months 7 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baker 003
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Baltimore Md.

11 NAME OF FATHER: Conrad Raab

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

13 MAIDEN NAME OF MOTHER: Don't Know

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Lula Leydecker

(Address): 2545 Francis st

Filed ..... 19.. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31st 1933

17 I HEREBY CERTIFY, That I attended deceased from April 13 1933 to May 3, 1933,
that I last saw him alive on May 3, 1933
and that death occurred, on the date stated above, at 3:15 P.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
due to Chronic Myocarditis + + 10 ds.
(duration) yrs. mos.
CONTRIBUTORY (Secondary) Oedema of Lungs
& Brain (duration) + yrs. + mos. 4 ds.

18 Where was disease contracted if not at place of death? at Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles E. Clark, M. D.

May 4, 1933 (Address) 3214 Piedmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 5/6/1933

20 UNDERTAKER: Geo. Weber & Son

ADDRESS: 2503 Edmondson Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90126

90126

CERTIFICATE OF DEATH

131v

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mt Hope Retreat St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E Sheahan

(a) Residence: No. Washington D C St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME Michael J Sheahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A O'Shaunessy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Hope Reeves

(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. DC Date May 4 1933

19. UNDERTAKER Omo altar Co

(Address) 426 7th St. NW.

20. FILED MAY 1933 [illegible] Registrar.

O Pt Tullamell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21 1931 to May 4 1933

I last saw h[illegible] alive on May 3, 1933 Death is said to have occurred on the date stated above, at 10.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Chr Interstitial Nephritis	?
Cardiac decompensation	1 Month
Other contributory causes of importance:	
Involutional Melancholia	3 Years

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton P Hill M. D.

(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90127 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90127

CERTIFICATE OF DEATH

210-002
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. ..... (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emelia (Westerlund) Kataisto
(a) Residence: No. R Pikesville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	9	26 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Servant girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Westerlund

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Sandra Mikola

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Elsie Kataisto
(Address) 1401 Elm Ave, Youngstown, Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date May 5. 1933

19. UNDERTAKER H. Sander & Sons Inc
(Address) 1710 E. East St.

20. FILED AY 4 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from injury, 19.. to injury, 19.. I last saw h alive on injury, 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-29 1933
Where did injury occur? Reisterstown & Mt Wilson Lane
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while
Nature of injury walking in road

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St

M. D. F. 1258
90128

✓ E 90128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Balto md St. 6-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Collins

(a) Residence: No. Fairmount Avenue St., Ward.
(Usual place of abode) (If non-resident, give city or town and State) Ca Balto

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rachel — —
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Crematory of Md Date May 4, 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED May 4 1933 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 19 33 to 5-1, 19 33
I last saw him alive on 5-1, 19 33 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	1927

Other contributory causes of importance:
None

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
5-2 33 (Signed) Elmer Higbergers 2 M. D.
(Address) Balto. City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 90129 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90129

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Genl. Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Boy Brown

(a) Residence: No. 2336 Sidney Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 33

7. AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Genl. Hosp. Balto., Md.

FATHER

13. NAME George Magnus Brown

14. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

MOTHER

15. MAIDEN NAME Ethel ...

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT mother

(Address) (same as above)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date May 4, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED May 4 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 at 10:20 A.M. 1933, to May 1 at 8:55 P.M. 1933.

I last saw him alive on May 1st, 1933. Death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Fetal atelectasis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, state fully .....

(Signed) D. Blayney M.D.

(Address) Md. Gen. Hospital.

M. D. B. 1269-9

90130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 90130

160-00

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital 5-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Truatt

(a) Residence: No. 221 N. Spring St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1/4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Robert Truatt

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan Truatt

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jo's Med College Date May 4, 1933

19. UNDERTAKER .....

(Address)

20. FILED 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/25/33, 19..., to 4/26/33, 19...

I last saw h... alive on 4/26/33, 19... Death is said to have occurred on the date stated above, at 7 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
intracranial haemorrhage	4/26/33

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howell S. Stout, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

90131 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90131

Registered No. 107-001

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bertha Shoemaker

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) Feb 18-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	- 2	- 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Schofield Morgan

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's (Woodlawn) Date May 5. 1933

19. UNDERTAKER Thos. S. Connelly

(Address) Cor. Eutaw and Lanvale Sts

20. FILED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-28-1933 to 5-2-1933

I last saw her alive on 5-2-1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Acute myocardial failure
Pulmonary edema

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean A. Clark, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1208-9

90132 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90132

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N. Washington St., 7 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Joseph Frank Brusak

(a) Residence: No. 919 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Brusak

6. DATE OF BIRTH (month, day, year) Sept 1-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Anton Brusak

14. BIRTHPLACE (city or town) (State or country) Czecho

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Czecho

17. INFORMANT Mary Brusak

(Address) 919 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 6, 1933

19. UNDERTAKER Frank O. Zachodon

(Address) 1906 Eastern Ave

Huntington Indiana

20. [illegible] 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931 to , 19

I last saw h[illegible] alive on May 2, 1933 Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Pneumothymalonic Hypostasis	1931
Other contributory causes of importance: Pulmonary Edema & Anasarca	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Cook M. D.

(Address) 413 N. Washington St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90133

CERTIFICATE OF DEATH

V 93E 90133

1. PLACE OF DEATH Balto City Hospital. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Med St. 1-6 Ward)

Length of residence in city or town (where death occurred) 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthias Fluka

(a) Residence: No. 2114 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Wenlan Fluka
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date May 6 1933

19. UNDERTAKER Frank Brock Son (Address) 1906 Gilwood Rd Huntington Phillips Md

20. FILED 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1933 to 5-4-1933

I last saw him alive on 5-4-1933 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	? 1

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-4-1933 (Signed) Glenn Hughes M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90134 V 23 E 90134

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 East Pratt St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward C. Maier

(a) Residence: No. 3500 East Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13-1913

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
20	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Pennsylvania

FATHER

13. NAME Frank Maier

14. BIRTHPLACE (City or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Rose Bergardt

16. BIRTHPLACE (City or town) (State or country) Pennsylvania

17. INFORMANT Frank Maier

(Address) 3500 East Pratt

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Way 5 1933

19. UNDERTAKER Lerrigan Cook

(Address) 1217 St Paul Street

19. Registrar.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15 1933 to May 2 1933

I last saw him alive on May 21 1933. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1927
Chronic	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 3026 Baltimore St

M. D. H. 1268-0

90135 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Eagle St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael J. McGee

(a) Residence: No. 1825 Eagle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary R.

6. DATE OF BIRTH (month, day, year): June 16 1844

7. AGE: Years 88; Months 10; Days 16; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Retired

9. Industry or business in which work was done, as mill, saw mill, bank, etc.: Carroll Park

10. Date deceased last worked at this occupation (month and year): 8

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Anne McGinniss

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mary R. McGee

(Address) 1825 Eagle St

18. BURIAL, CREMATION, OR REMOVAL: U S National Date May 5 1933

19. UNDERTAKER: Luciaus Cook

(Address) 1219 St Paul Street

20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Month 1 1933 to May 2 1933

I last saw h... alive on May 2 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Asthenia Coloma.
Chronic Nephritis
Exhaustion
Senility

Date of onset

Other contributory causes of importance: Pulmonary Oedema

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Norbert C Hekel M. D.

(Address) 2451 Wilkens ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90136

CERTIFICATE OF DEATH

131

E 90136

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 E. Fort. ave St. 24-21 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E Lent.

(a) Residence: No. 1336 E Fort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Sims

6. DATE OF BIRTH (month, day, year) Feb 11 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soft Drinks 30

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Berry Port Mass

FATHER

13. NAME William Lent

14. BIRTHPLACE (city or town) (State or country) New Berry Port Mass

MOTHER

15. MAIDEN NAME Sarah Coggins

16. BIRTHPLACE (city or town) (State or country) New Berry Port Mass

17. INFORMANT Mrs Sarah Lent
(Address) 1336 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 5 1933

19. UNDERTAKER Charles L. St Bernard
(Address) 1501 E Fort Ave
Huntington Turnpike, N.Y.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to May 2 1933.

I last saw h alive on May 2 1933 10 pm Death is said to have occurred on the date stated above, at 10 pm.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset Unknown

Other contributory causes of importance:

old age

Name of operation Date of

What test confirmed diagnosis? Dr Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Paul Sutter M. D.

(Address) 1317 Light St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90137

CERTIFICATE OF DEATH

E 90137

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred D.F. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Toyble

(a) Residence: No. 103 S. Linwood ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia —

6. DATE OF BIRTH (month, day, year) 11-19-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	-5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME William —

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records City Hospitals

(Address) Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 8 1933

19. UNDERTAKER Chas J. Stevens

(Address) 1501 E Fort Ave

Huntington Ridge, Md

4 1933

FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-33

22. I HEREBY CERTIFY, That I attended deceased from 3-29-33 to 5-4-33

I last saw him alive on 5-4-33 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	4-1-33

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

5-4-33 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

Dr Todd

90138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90138

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Potomac St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Thelen

(a) Residence: No. 718 Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Chelchowski Thelen

6. DATE OF BIRTH (month, day, year): Feb. 27-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William M. Thelen

14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER

15. MAIDEN NAME: Catherine ?

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Mrs Mary Thelen 718 Potomac St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedral Cem. Date: May 6 1933

19. UNDERTAKER: Margaret A. Flynn (Address): 1423 Eastern Ave

20. FILED ... 19... Registrar.

4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30 1933 to May 3 1933

last saw him alive on May 3rd 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Todd M. D.

(Address) 616 Eastern Ave

M. D. B. 1268-0

E 90139

E 90139 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 166 Wilkins Ave St. 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine M. Hogan

(a) Residence: No. 166 Wilkins Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) June 6th 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Matthew Hogan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Isabella McGraw

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Frederick Gill

(Address) Eldridge, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Augustines, Eldridge, Md Date 5/5 1923

19. UNDERTAKER John F. Cowgill Sons

(Address) 901 Hollins St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2, 1923

22. I HEREBY CERTIFY, That I attended deceased from 4/15/, 1923, to 5/2/23, 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Healing Ulcer Rt Leg	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard A. Feeney M. D.

(Address) 910 W Lombard

E 1003

AdCo. 5-31 250B

90140 HEALTH DEPARTMENT—CITY OF BALTIMORE 90140

V 45

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l Hosp. St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. John Neff Baltimore

(a) Residence: No. 1938 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced HUSBAND of Mrs Gertrude Dellman (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain (Fireman)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Dept. D 3, 2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James Dellman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lillian Hopley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Gertrude Dellman
(Address) 1938 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date 5/6, 1933

19. UNDERTAKER Eng. A Fahey
(Address) Fulton & Lafayette

Interred in Pikesville, Md.

20. FILED MAY 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1933

22. I HEREBY CERTIFY, That I attended/deceased from Nov 28, 1932 to May 2, 1933

I last saw h[im] alive on May 2, 1933 death is said to have occurred on the date stated above, at 1 04 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower lip	6-1930
Carcinoma of submaxillary gland with ulcerating carcinoma of neck	Nov 1932
Fatal secondary anemia	

Other contributory causes of importance:

Name of operation Radical neck dissection Date of Nov 28, 1932

What test confirmed diagnosis? Lab. Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. Cleveland Cook, M. D.

(Address) Dr Public Health Dept.

0141 1268-9

E 90141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-W Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Wehrmann

(a) Residence: No. 1625 N. Rutland ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Wehrmann

6. DATE OF BIRTH (month, day, year) Sept. 18, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Brooklyn (State or country) New York

FATHER

13. NAME Rupert Loeffler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Steck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 5/5, 1933

19. UNDERTAKER Eug. A. Tyler
(Address) Fulton & Forest Pk

20. FILED ....., 19..... [illegible] Registrar.

MAY 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5 1933 to May 2 1933
I last saw her alive on May 2 1933. Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1926
Tuberculous enteritis	Nov. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Steen M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90142

90142

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie Evans

(a) Residence: No. 2224 Lamley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Evans

6. DATE OF BIRTH (month, day, year) March 20/1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME William Spence

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Carrie Young

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Edward Evans

(Address) 2224 Lamley St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date May 6, 1933

19. UNDERTAKER H. Sander Sons Co. Inc.

(Address) 1210 Eutaw Pl.

20. FILED May 6 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

Probably Chr Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. J. Hoover Coroner, M. D.

(Address) 506 E. Fayette

M. D. B. 1268-9

E 90143 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90143

CERTIFICATE OF DEATH

149-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., (Ward)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 4 dds. How long in U. S. If of foreign birth? yrs. mos. dds.

2. FULL NAME Augusta Johnson.

(a) Residence: No. 205 Fayette St Apartment 2 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F Johnson.

6. DATE OF BIRTH (month, day, year) June 30, 1902

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	30	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Ferdinand Sterbe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Hogge

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm F Johnson

(Address) 205 Fayette ave Arbutus Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5-8. 1933

19. UNDERTAKER F C Heintzelman

(Address) Emmett City Md

MAY 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-33 19

22. I HEREBY CERTIFY, That I attended deceased from 5-1-33, 19 , to 5-5-33, 19

I last saw her alive on 5-5-33, 19 Death is said to have occurred on the date stated above, at 3:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Transverse position	?
Rupture Uteri.	4 days.
Other contributory causes of importance:	
Secondary anemia	4 days
Myocardial failure	36 hr.

Name of operation Hysterectomy Date of 5-1-33

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. P. Ahrons Jr. M. D.

(Address) University Hospital

M. D. B. 1268-9

90144

HEALTH DEPARTMENT—CITY OF BALTIMORE

90144

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Park Avenue St. 11-01 Ward)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 25 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Anna Remmers

(a) Residence: No. 514 Park Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry G. Remmers

6. DATE OF BIRTH (month, day, year): Feb. 9, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Henry Wittig

14. BIRTHPLACE (city or town) (State or country): ------- Germany

MOTHER

15. MAIDEN NAME: Not obtainable

16. BIRTHPLACE (city or town) (State or country): -------- Germany

17. INFORMANT: Henry G. Remmers
(Address): 2005 Bolton Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cemetery Date: 5/6 1933

19. UNDERTAKER: Henry U. Mears & Son
(Address): 805 N. Eutaw St.

20. FILED: MAY 6 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 4, 1933.

I last saw her alive on, May 4, 1933. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Generalized arteriosclerosis	

Other contributory causes of importance:

Myocardial degeneration

Name of operation none Date of .....

What test confirmed diagnosis clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Anthony V Buchner, M. D.

(Address) 37 S Glicker St

M. D. B. 1268-9

E 90145 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90145

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Calvert St., 15-61 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Barnes

(a) Residence: No. 614 Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Barnes

6. DATE OF BIRTH (month, day, year) March 17. 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River

FATHER

13. NAME John Wesley Bayer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Jane Raitt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James A. Barnes
(Address) 614 Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place West Auburn Cemetery Date May 5, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 303 E. Preston St

20. FILED ... 19 ... Registrar.

C 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933 to May 2, 1933

I last saw her alive on May 2nd, 1933 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Left Kidney	Jan. 1933

Other contributory causes of importance:

Pulmonary Metastasis	April 1933

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. A. Nicholson, M. D.

(Address) 2230 Eutaw Pl.

M. D. B. 1268-9

Robert Arbaugh ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90146

CERTIFICATE OF DEATH

E 90146

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Arbaugh

(a) Residence: No. 109 Aisquith st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29, 1886 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46?	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 015

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Arbaugh

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Fanny Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date May 6, 1933

19. UNDERTAKER Thanhouser

(Address) 3615-17 Chestnut ave

Statistician

MAY 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933 to May 3, 1933

I last saw him alive on May 3, 1933 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stocum, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 90147 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90147

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles B. Bull

(a) Residence: No. 2439 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie M. Bull.

6. DATE OF BIRTH (month, day, year) Nov 18 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Nicholson Bull

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bertie M. Bull.

(Address) 2439 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn. Date May 8, 1933

19. UNDERTAKER Chenowith & Son

(Address) 3415-17 Eastern Ave

20. FILED MAY 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to May 4, 1933

I last saw him alive on May 4 1933 Death is said to have occurred on the date stated above, at 3 25 m. PM.

The principal cause of death and related causes of importance were as follows:

Diverticulitis of colon. — Date of onset ?

Other contributory causes of importance:

Peritonitis — about 3-25-33

Name of operation — Date of

What test confirmed diagnosis Autopsy? Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas B. Schnitker M. D.

(Address) Franklin Square Hospital

30—M. & T.—100 B—50L

90148

E 90148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST 3-06 WARD)

2-FULL NAME Samuel S. Miller

(a) RESIDENCE NO 221 S. Eden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Miller

DATE OF BIRTH (month, day, and year) 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer) Groceries
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Stizek Bilick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Rivka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Miller
(Address) 221 S. Eden st

15 Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Hemorrhagic nephritis

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Benton, M. D.
Coroner

5/4/1933 (Address) 4006 Clarke

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL May 5 1933

20 UNDERTAKER Sol Levinson Bro

ADDRESS 1127 E Balto st

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90149 E 90149

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2724 Tivoly Ave St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S. If of foreign birth? 51 yrs. mos. ds.

2. FULL NAME Caroline A. Siffel

(a) Residence: No. 2724 Tivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Siffel

6. DATE OF BIRTH (month, day year) Jan. 11th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Paul A. Vonbon

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Vonbon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Siffel
(Address) 2724 Tivoly Ave.

18. BURIAL, CREMATION OR REMOVAL Jonesaborough Tenn. May 6th 1933

19. UNDERTAKER Death Evans Sons
(Address) 1401 Belair Road

20. FILED MAY 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 32, to May 4, 1933

I last saw h alive on May 4, 1933 death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Cardiac Insufficiency
& Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Lewis M. D.

(Address) 4 W Madison St

M. D. B. 1268-9

90150 HEALTH DEPARTMENT—CITY OF BALTIMORE 90150

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Lancy

(a) Residence: No. 120 N Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marietta Lancy

6. DATE OF BIRTH (month, day, year) April 7 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Tabor N C

FATHER

13. NAME Eddie Lancy

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Mary E Brown

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Marietta Lancy

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date May 7 1933

19. UNDERTAKER Joseph A Lively

(Address) 401 N Pennsylvania Ave

20. FILED MY 5 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8 25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	
Other contributory causes of importance:	
Tuberculosis Peritonitis	

Name of operation Autopsy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E Key Jr M.D. Coroner

(Address) 1305 N Patterson Pk

M. D. B. 1268-9

E 90151

HEALTH DEPARTMENT—CITY OF BALTIMORE

90151

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Barclay St. St. 12-41 (Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DANIEL L. DUGAN

(a) Residence: No. 2112 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of ::::::::

6. DATE OF BIRTH (month, day, year) Oct. 5, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Dugan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph Dugan
(Address) 2112 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date May 6 1933

19. UNDERTAKER Chas. S. Maus & Son
(Address) 1128 N. Mt. Royal Ave.

20. FILED May 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

Colorectal Disease 2 years

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. J. Hoffman Coroner M. D.

(Address) 363 E. Pleasant

E 90152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90152

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2105 Hollins St. 20-01 (Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary M. Hackman

(a) Residence: No. 2105 Hollins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Henry C. Hackman

6. DATE OF BIRTH (month, day, year) Nov 6 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Knuckle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hanna A. Fahrenkamp

(Address) 2154 Hollins Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem. Date 5/6/ 1933

19. UNDERTAKER John J. Townsend

(Address) Fulton Ave.

20. FILED MAY 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/ 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to May 3. 1933

I last saw her alive on May 1, 1933. Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int Nephritis	1 yr.
Cerebral Hemorrhage	4/15/33
Other contributory causes of importance:	
Chronic Arteriosclerosis	1 yr

Name of operation None Date of —

What test confirmed diagnosis? Clinical Signs there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Johnston Hoy, M. D.

(Address) 884 W. Lombard St.

M. D. B. 1268-B

E 90153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90153

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH Saint Agnes' Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Athenasie Theano

(a) Residence: No. 763 N. Lombard St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Julian Theano

6. DATE OF BIRTH (month, day, year) Dec 28, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Zolenas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mr. William Theano
(Address) 763 N. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5/6/ 1933

19. UNDERTAKER John F. Tobias & Son
(Address) 641 Baltimore St

20. FILED ... 19... ... Registrar.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1933 to May 3, 1933
I last saw her alive on May 3, 1933. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Cardiac failure	
	10 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. [illegible] M. D.

(Address) St. Agnes Hospital

M. D. R. 1268-9

E 90154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90154

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Britton.

(a) Residence: No. Mays Landing, N.J. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, XXXXXXXXXXXX (or) WIFE of Dr. Roland Britton.

6. DATE OF BIRTH (month, day, year) February 14, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elliott, Md.

FATHER

13. NAME Edmund J. Elliott.

14. BIRTHPLACE (city or town) (State or country) Elliott, Md.

MOTHER

15. MAIDEN NAME Martha C. Moore.

16. BIRTHPLACE (city or town) (State or country) Elliott. Md

17. INFORMANT Mrs. Nettie Elliott. (sisterinlaw)
(Address) Elliott, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Elliott Cem, Elliott Md Date May 7, 1933

19. UNDERTAKER W. W. Willoughby
(Address) East New Market Md

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Autopsy & inquest ---------- , 19 ... to ... , 19 ... Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due to ulcerated area of right chest produced by the application of Zinc Chloride paste	
Homicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Ille H Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

5/5/33

M. D. B. 1268-9

90155

HEALTH DEPARTMENT—CITY OF BALTIMORE

90155

CERTIFICATE OF DEATH

77-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 9-0 Ward)

Registered No. E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Freed

(a) Residence: No. 2010 Kennedy Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) May 21/1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rubber Tire Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F.G. Schenuit 86

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME James Freed

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Rosanna Augustine

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 5/6/ 1933

19. UNDERTAKER William Cook

(Address) 2127 St Paul St

20. FILED 1933 Huntington Hall Baltimore MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.35 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Benzol Poisoning	?
Anemia	Jan/33
Leukemia	?
Other contributory causes of importance Bronchopneumonia (Terminal)	2 week

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Probably If so, specify Exposed to benzol 7 yr

(Signed) . M. D. Coroner

(Address) 508 E Fayette

90156 ✓ E 90156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001.

1. PLACE OF DEATH Little Sisters of the Poor Registered No. 90-U

CITY OF BALTIMORE: (No. Preston - Valley St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Bonnert

(a) Residence: No. 424 N. Payson St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Katherine C. Bonnert

6. DATE OF BIRTH (month, day, year) June 10th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packham Bros

10. Date deceased last worked at this occupation (month and year) March 1923

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Blasius Bonnert

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Theresa Z

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank C. Bonnert
(Address) 328 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 6th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St.

20. FILED MAY 5 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 1933

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from March 26 1933 to May 3 1933

I last saw h~~is~~er alive on May 3 1933 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Other contributory causes of importance:	
Central Pneumonia	19

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. M. Clarke M. D.

(Address) 114 Harlem Ave

Spec.—9-30—A. & Co.—250 Blks.

Betts

✓ E 90157

90157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4835 Park Heights Ave ST. 27-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E Betts

(a) RESIDENCE NO. 4835 Park Heights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora Betts

6 DATE OF BIRTH (month, day, and year) Dec 11-1848.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84.	6	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington Del

PARENTS

10 NAME OF FATHER Samuel F Betts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Mary Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant (Eleanora Betts.) (Address) 4835 Park Hts Ave

15 Filed [illegible] 19 [illegible] Registrar

V5 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5.4.33

17

I HEREBY CERTIFY, That I attended deceased from 4.20. 19 33 to date of death 19

that I last saw h[illegible] alive on 5.4. 19 33

and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Was slow to Change Betts Disease about (duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) Sidney Lee Davis, M. D.

19 (Address) 527 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Wilmington Del Brandywine Cemetery Wilmington Del

DATE OF BURIAL. 5/8/33

20 UNDERTAKER William Cook

ADDRESS 1217 Park Ave

AdCo. 5-31 250B

E 90158 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90158

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-01 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Baby Boy Swanson

(a) Residence: No. 800 S. Linwood Ave St., ... Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt City, Md.

FATHER

13. NAME Carl Swanson
14. BIRTHPLACE (city or town) (State or country) Balt City Md.

MOTHER

15. MAIDEN NAME Evelyn Neimeyer
16. BIRTHPLACE (city or town) (State or country) Balt City Md.

17. INFORMANT Mrs Evelyn Swanson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med College Date May 3 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

20. Filed 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 am April 29, 1933, to 5 am April 29, 1933
I last saw him alive on 2 hr April 29, 1933 death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Placenta Praevia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible], M. D.
(Address) Sinai Hospital

M. D. R. 1268-9

90159 HEALTH DEPARTMENT—CITY OF BALTIMORE 90159

2/2274 Med.

CERTIFICATE OF DEATH

34 V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 601 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Essie Adams

(a) Residence: No. 402 N. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	-	99	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse pt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So. Carolina

FATHER

13. NAME deceased

14. BIRTHPLACE (city or town) (State or country) So. Carolina

MOTHER

15. MAIDEN NAME deceased.

16. BIRTHPLACE (city or town) (State or country) So. Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. McCollum Date May 5, 1933

19. UNDERTAKER

(Address)

20. FILED May 5 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24-1933 to 4-30-1933

I last saw h[illegible] alive on 4-30-1933. Death is said to have occurred on the date stated above, at 5.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-1-33
Arteriosclerosis	1930
Hypertension	1920
Chronic vascular nephritis	1932
Other contributory causes of importance:	
Syphilis -	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Benstead M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1269-9

90160 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90160

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No.) Maryland General St. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Brissett

(a) Residence: No. 1527 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Brissett

6. DATE OF BIRTH (month, day, year): April 27, 1861

7. AGE — Years: 72 | Months: 0 | Days: 7 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: J. L. Borgh

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: C. S. Fox

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Universal, Md. Date: May 5 1933

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-4-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1933 to 5-4 1933

I last saw her alive on 5-4 1933 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-Renal Disease	5 yrs (?)
Other contributory causes of importance: Myocardial Failure	1 mo (?)

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm. Lowe M. D.

(Address) 1 Md. Gen. Hospital

M. D. B. 1268-9

F ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

90161

CERTIFICATE OF DEATH

× 212 E 90161

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 12-201 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Hanford. Fairbury Neb

(a) Residence: No. Green Hall Apts. St. Paul & 33rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) July 5, 1911

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jockey.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Yes

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairbury, Neb.

FATHER

13. NAME Ira G. Hanford.

14. BIRTHPLACE (city or town) (State or country) Delaware Co, N.Y.

MOTHER

15. MAIDEN NAME Barbara Deger.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Preston Burch. (Address) Belvedere Hotel.

18. BURIAL, CREMATION, OR REMOVAL Place Fairbury, Neb Date 5/6/33, 19

19. UNDERTAKER J. J. Fahey & Sons (Address) 1318 Eutaw St. Huntington Pittsburgh, Pa.

5 FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 to 19

[illegible] Death is said to have occurred on the date stated above, at 5.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull and internal injuries. Occidental fall from a falling horse during race.	5/
	April 4, 193

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr. 4, 1933

Where did injury occur? Pimlico Race Track Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fall from falling horse-

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Walter Heinicke M. D. Coroner

5/5/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

90162

HEALTH DEPARTMENT—CITY OF BALTIMORE

90162 X 93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Park Ave St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 84 10 27

2. FULL NAME Rev. Alfred Evan Johnson

(a) Residence: No. 1529 Park Ave St., ... Ward. Providence R.I.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White -	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise H. Johnson

6. DATE OF BIRTH (month, day, year): June-8-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Religious 018

10. Date deceased last worked at this occupation (month and year): Late in 1932

11. Total time (years) spent in this occupation: 50yrs

12. BIRTHPLACE (city or town) (State or country): Providence, Rhode Island

FATHER

13. NAME: Could not ascertain

14. BIRTHPLACE (city or town) (State or country): ? ? ?

MOTHER

15. MAIDEN NAME: Could not ascertain

16. BIRTHPLACE (city or town) (State or country): ? ? ?

17. INFORMANT: Mrs Charlotte T. Wills (friend)

(Address) 1529 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Providence R.I. Date May 5 1933

19. UNDERTAKER: Stuart M. Gould Co.

(Address) 1538 Mont Ave.

20. FILED ... 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May-5 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1932 to May 5 1933

I last saw him alive on May 4 1933. Death is said to have occurred on the date stated above, at 3. a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart	1 day
Other contributory causes of importance:	
Chronic Myocarditis	6 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James C. Clarke, M. D.

5.3.33 (Address) Fayette & pt.

AdCo. 5-31 2508

90163 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90163

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 McKewin ave St., 9-01 Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L. Warfield

(a) Residence: No. 145 McKewin ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Mary White Warfield

6. DATE OF BIRTH (month, day, year) Nov 29 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sargent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 6 1

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME William Warfield

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah Brushwood

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary F. Warfield

(Address) 145 McKewin ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date May 6 1933

19. UNDERTAKER Chas H. Blake

(Address) 142 W North ave

Huntington Pollinger, Md

5 FILED 1933 19 J. A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug —, 1932, to May 4, 1933

I last saw h[im] alive on May 3, 1933 death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	two years
Other contributory causes of importance:	
Myocardial insufficiency	1 wk

Name of operation Colostomy Date of Aug 1932

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M Bunnan Stood, M. D.

(Address) 2216 Gannon Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90164

CERTIFICATE OF DEATH

45 V

E 90164

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 E. Chase St., 11 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pietro Minetti

(a) Residence: No. 208 E. Chase St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Prof. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peabody Conservatory

10. Date deceased last worked at this occupation (month and year) May 1 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Tito Minetti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anne Minetti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Samuel J. Bien

(Address) 208 E. Chase

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 6 1933

19. UNDERTAKER Leary & Jenkins Bros Co

(Address) Mt. Cuthbert & Orchard sts.

20. FILED 1933 Huntington Pallisades, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1st 1932 to May 4th 1933

I last saw him alive on May 4th 1933 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Growth - Located in Tongue, Right half Palate (soft) Cervical glands	

Other contributory causes of importance:

Severe Hemorrhages

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify No

(Signed) Thomas L Shearer M. D.

(Address) 905 N Charles St

M. D. B. 1268-9

90165

HEALTH DEPARTMENT—CITY OF BALTIMORE

90165

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals Balto. Md ?) St., (Ward 6-B)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen Brown

(a) Residence: No. 214 N. Bradford St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Missouri Brown ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marley Neck Md

FATHER

13. NAME Wm Wesley Brown

14. BIRTHPLACE (city or town) (State or country) Marley Neck Md

MOTHER

15. MAIDEN NAME Mary Ann Bell ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place May Cemetery A.A. Co Date 5-7 1933

19. UNDERTAKER Chas M. Skinner
(Address) 1625 E. Lord St Huntington Williams, N.Y.

20. FILED 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1932 to 5-3 1933

I last saw h.. alive on 5-3 1933 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage subarachnoid	6-13-32
Bronchopneumonia	4-27-33

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

5-3-33 (Signed) Elmer Highsmith M. D.

(Address) Balto. City Hospitals

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90166

90166

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 S. Fagley St. (Ward) 16-1

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Granville

(a) Residence: No. 903 S. Fagley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Granville

7. DATE OF BIRTH (month, day, year) May 10 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	25th	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oil Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Granville

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mary E. Granville

(Address) 903 S. Fagley St

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cem. Stemmers Run Date 5/9/33

19. UNDERTAKER George W. Zirkler

(Address) 1717 E. Eager St.

20. FILED 1933 Huntington Pitzgerald, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 , 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at 11.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1315 N. Calhoun St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90167

CERTIFICATE OF DEATH

92-001

E 90167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4803 Park Heights Ave.) (Ward)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Eugene McClure

(a) Residence: No. 4803 Park Heights Ave., St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella McClure

6. DATE OF BIRTH (month, day, year) July 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letter Carrier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis R. McClure

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lillie Howser

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs. Ella McClure 4803 Park Heights Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 8, 1933

19. UNDERTAKER John F. Denny

(Address) 1425 Eutaw Pl.

FILED 1933 Huntington Pottinger, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to May 4th 1933

I last saw h[illegible] alive on May 4 1933 Death is said to have occurred on the date stated above, at 7.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Paralysis	1932
Other contributory causes of importance:	
Senile Complexation	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John L. Dubert, M. D.

(Address) 3608 Seneca St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90168

CERTIFICATE OF DEATH

E 90168

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Linden Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret T. Schwartz

(a) Residence: No. 2814 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Wm. Schwartz

6. DATE OF BIRTH (month, day, year): Nov. 11 1897

7. AGE: Years 35 | Months 5 | Days 24 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John F. Ruck

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Margaret Meyer

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Wm Schwartz

(Address) 2814 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood (Cem) Date: 5-8 1933

19. UNDERTAKER: Leonard J. Ruck

(Address) 5305 Harford Rd

20. Filed ... 19... by ... Registrar.

1933 # 1177

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 12 1931 to May 5 1933

that I saw her alive on May 4 1933. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Exodes	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Walter W. Kuhn Jr. M. D.

(Address) 2800 St Paul St.

AACo. 5-H 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90169

CERTIFICATE OF DEATH

50 E 90169

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2124 E North Ave St., 6 (Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Friskey

(a) Residence: No. 2124 E North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Friskey

6. DATE OF BIRTH (month, day, year): 12/31/1853

7. AGE: Years 79 | Months 4 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: John Rabe

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dora Kern

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Christine Shipley

(Address) 2124 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: May 9, 1933

19. UNDERTAKER: John Leard

(Address) 2105 Oregon

20. FILED: MAY 6 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1933, to 5-4, 1933

I last saw her alive on 5-4, 1933 death ~~is said to have~~ occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast with metastases	1930?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Milton C. Laug, M. D.

(Address) 2117 Belair Rd.

AaCo. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

90170

CERTIFICATE OF DEATH

51 E 90170

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 N Chester St. 8-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Caldwell

(a) Residence: No. 1218 N Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Caldwell

6. DATE OF BIRTH (month, day, year) Aug 17-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 9 yrs
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Geo Caldwell
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Alberta Caldwell
(Address) 1218 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date May 9 1933

19. UNDERTAKER John Merkel & Sons
(Address) 220 E Oliver
Huntington Williams N.S.

20. FILED 5 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-33

22. I HEREBY CERTIFY, That I attended deceased from ... 1933 to 1-4-33
I last saw him alive on 1-3-33 death is said to have occurred on the date stated above, at 9 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Stomach	
Asphalgia	

Other contributory causes of importance:

Acute Cardiac Dilatation	

Name of operation Exploratory Date 12-14-32

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) J. O. Reed M. D.
(Address) 806 N Wolfe St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90171

E 90171

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 ~~1929~~ Linden ST. 11-01 WARD)

2-FULL NAME Viola Smith

(a) RESIDENCE NO. 904 Linden Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Smith

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. ~~Housewife~~ 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Loucher College Laundry Baltimore, Md

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS.

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Mary Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Willie Smith

(Address) 904 Linden Ave

15 Filed MAY 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1933

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 4, 1933, that I last saw h[illegible] alive on May 3, 1933, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 6 mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) L. O'Leary, M. D.

May 7, 1933 (Address) 2357 Kenyon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 7, 1933

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3224 Schroeder St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90172

90172

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 1st Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Maher

(a) Residence: No. 4910 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County

MOTHER FATHER

13. NAME Henry Maher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Trumbert

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Edward Soter
(Address) 4910 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place St Joseph Cemetery May 6, 1933

19. UNDERTAKER Frank A. Fiske
(Address) 210 N Gay St

Signature of Funeral Director, N. D.

20. FILED MAY 6 1933, 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from
Unsure, 19.. to ..., 19..
I last saw h... alive on Unsure, 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-4, 1933
Where did injury occur? Falls, 210 Old Court Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto in which he was riding, skidded & hit a pole
Nature of injury Fracture of Base of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Storny Coroner M. D.
(Address) 2300 E Monument St

M. D. B. 1268-9

90173

HEALTH DEPARTMENT—CITY OF BALTIMORE

90173

CERTIFICATE OF DEATH

X 210-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 1 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Carl Soter Jr.

(a) Residence: No. 4910 Harford Rd St., (Brooklandville) Md Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 13, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto County

MOTHER FATHER

13. NAME Carl Soter Jr.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Catherine Soter

(Address) 4910 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph Tollerton Date May 8 1933

19. UNDERTAKER Frank A. Fink

(Address) 215 N. Gay St

FILED 1933 Huntington Tollerton MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1933

22. I HEREBY CERTIFY, That I attended deceased from injury 19 to 19

I last saw h alive on injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation no Date of

What test confirmed diagnosis? Nal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 4. 1933

Where did injury occur? Falls Rd + Old Court Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto — which he was driving

Nature of injury Skidded + hit a fence

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sokorny M. D. Coroner

(Address) 2200 E Madison St

M. D. B. 1268-9

90174

HEALTH DEPARTMENT—CITY OF BALTIMORE

90174

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 E. Lombard St. 2-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise W. Lohrey

(a) Residence: No. 1724 E. Lombard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Philip Lohrey

6. DATE OF BIRTH (month, day, year) Nov. 26-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Salomon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry P. Lohrey

(Address) 1724 E. Lombard st.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date May 6, 1933

19. UNDERTAKER Philip Hering

(Address) 20 E. Orleans st

20. FILED ... 19 ... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1931 to May 3, 1933

I last saw her alive on May 3, 1933 Death is said to have occurred on the date stated above at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs
Arterial Hypertension	2 yrs
Diabetes Mellitus	2 yrs
Myocardial Insufficiency	2 yrs
Other contributory causes of importance: Bronchopneumonia	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Albert Greenberg M. D.

(Address) 2025 E. Monument St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90175

CERTIFICATE OF DEATH

E 90175

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 4-West Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mc Claim

(a) Residence: No. 9 Dundalk Ave St., Ward. Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced, BUSHAND of (or) WIFE of: Jessie Mc Claim

6. DATE OF BIRTH (month, day, year): Mar 21 78

7. AGE: Years 55; Months 1; Days 13; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pipe Fitter 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nova Scotia

13. NAME: Neil Mc Claim

14. BIRTHPLACE (city or town) (State or country): Nova Scotia

15. MAIDEN NAME: Flora Maitin

16. BIRTHPLACE (city or town) (State or country): Nova Scotia

17. INFORMANT: Mrs Jessie Mc Claim
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Old Town Date 5/6/33, 19

19. UNDERTAKER: Philip Hanna
(Address) 208 Eastern Ave

FILED 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933 to May 4, 1933

I last saw him alive on May 4 1933 Death is said to have occurred on the date stated above, at 9.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown
Influenza	Jan 15, 33
Infections arthritis left hip.	Jan 31, 33
Acute osteomyelitis head of left femur	Unknown
Abscess of Shoulder	Apr. 23, 33

Other contributory causes of importance:

Generalized arteriosclerosis	Unknown
Auricular fibrillation	
Hypertension	

Name of operation: Incision + Drainage Abscess Shoulder Date of 4-23-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. Savage, M. D.

(Address) Univ. Hosp.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

90176 90176

CERTIFICATE OF DEATH

121 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William Frederick James

(a) Residence: No. 1906 Brentwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Minnie Becker James

6. DATE OF BIRTH (month, day, year) June 18th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 615

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm F. James Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susie Arnold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Minnie James

(Address) 1906 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/8/33 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED 19 Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1933 to 5-4 1933

I last saw h[illegible] alive on 5-4 1933 Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 4-15-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. B. Jones M. D.

(Address) Franklin Sq Hospital

M. D. B. 1268-9

90177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90177

CERTIFICATE OF DEATH

140

9-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naomi M. Geoghegan.

(a) Residence: No. 1812 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) April 25, 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Telephone Operator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month, day, year) 4/23/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Harry A. Geoghegan.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Marie H. Tuckerman.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Marie H. Geoghegan. (mother)
(Address) 2812 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Faulkner Conty Date 5/6/ 1933

19. UNDERTAKER John J. Cowan & Son
(Address) 901 N. Howard St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Autopsy & Inquest. ----------

That I last saw ... alive on ... and that ... is said to have occurred on the date stated above, at 9.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicaemia	
Incomplete Abortion	
Unknown.	

Other contributory causes of importance:

Name of operation Autopsy & inquest Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, what industry?

(Signed) Otto M. Reinhardt Coroner, M. D.

5/5/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 90178 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90178

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. 131

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., J-2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Pollard

(a) Residence: No. 1643 Conaway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — deceased

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lucy Pollard (Address) 1643 Conaway St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 5/8/33

19. UNDERTAKER David E. Brunson (Address) 1215 W. Montgomery St

20. FILED 1933 Huntington Tillman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4—, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933 to 5-4—, 1933

I last saw her alive on 5—4—, 1933. Death is said to have occurred on the date stated above, at 9:15 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	April 1933
Chron Nephritis	

Other contributory causes of importance:

Senility,	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. R. Boykin, M. D.

(Address) 1512 N. Gilmor St

M. D. B. 1268-9

E 90179 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90179

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Harford Ave St., 8-06 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 27 yrs. — mos. ... ds.

2. FULL NAME Frank Peter

(a) Residence: No. 1601 Harford ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Marie Peter

6. DATE OF BIRTH (month, day, year) July 20 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor of 034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Anton Peter.

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Rosalia Stöglauer

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT Mrs Marie Peter.
(Address) 1601 Harford Av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date May 9 1933

19. UNDERTAKER Henry Koeck Sons, Inc.
(Address) 1301 E Eager St

20. FILED MAY 9 1933 Huntington Fielding, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 5 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from April 7th, 19 33 to May 5 19 33

I last saw him alive on May 5th 19 ... Death is said to have occurred on the date stated above, at 7.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	
Toxaemia	
Other contributory causes of importance Pulmonary	
T. B.	

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Cloud Brown M. D.

(Address) 4706 Harford Road

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

164-001

E 90180

CERTIFICATE OF DEATH

E 90180

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ambassador Apts ST., 12 WARD)

2-FULL NAME Loren L. Denham.

(a) RESIDENCE NO. Ambassador Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 4-1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28.	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work No occupation
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER L. L. Denham Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westport Pa

12 MAIDEN NAME OF MOTHER Bessie Hoover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Leopold Md

14 Informant Mrs Bessie Denham

(Address) Ambassador Apts

15 Filed 192 Registrar

6 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/4 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coma. Poison

(Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Thompson, M. D.

19 (Address) 3632 Roland Ave (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment Mausoleum

DATE OF BURIAL May 6, 1933

20 UNDERTAKER E. Leroy Stafflebeam

ADDRESS 125 E. North Ave

M. D. B. 1268-9

E 90181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90181

CERTIFICATE OF DEATH

X V46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland Gen Hosp. St., 11 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 d. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME August Jaeger

(a) Residence: No. Marrettsville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mrs August Jaeger.

6. DATE OF BIRTH (month, day, year) June. 1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Jaeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Jaeger Marrettsville Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL:
Place Springfield Cemetery Date May 7, 1933

19. UNDERTAKER New Windsor Funeral Service Inc.
(Address) Sykesville, Md.

FILED MAY 7 1933 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1933 to 5/6, 1933

I last saw him alive on 5/6, 1933 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Myocardial Degeneration	
Other contributory causes of importance:	
Carcinoma of head of pancreas c metastasis to liver.	

Name of operation None Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. G. Powell M. D.

(Address) 1210 Fen. Baltimore

M. D. B. 1268-9

90182 E 90182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 89-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Velma Bentrup

(a) Residence: No. 3401 East Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 156

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Bentrup

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME May Schultz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 8 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED MAY 8 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933 to May 5, 1933

I last saw her alive on May 5, 1933 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Meningitis	36 hours
Acute Otitis Media (Strept)	4 weeks
Acute Mastoiditis (Strept)	?

Other contributory causes of importance:

Name of operation Clinical + Laboratory Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

90183 HEALTH DEPARTMENT—CITY OF BALTIMORE 90183

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5615 Birchwood Ave St. 27-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beulah Waters Williams

(a) Residence: No. 5615 Birchwood Ave St. Ward. Hamilton
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Chas. Wesley Williams

6. DATE OF BIRTH (month, day, year) July 22nd 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME William T. Williams

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER

15. MAIDEN NAME Actions Gill

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT L. E. Williams

(Address) 5615 Birchwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date May 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED MAY 7 1933 Livingston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from November 20 1932 to May 6 1933

I last saw h[illegible] alive on May 6 1933 Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach and Intestines — Date of onset 1 year

Other contributory causes of importance: Cachexia and Metastasis — Date of onset 1 month

Name of operation — Date of —

What test confirmed diagnosis? Tissue Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clinic Physician M. D.

(Address) 1025 E. Preston

Buried and buried in Loraine 5/11/33

M. D. B. 1268-9

E 90184 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90184

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 S. Kenwood St. Ward 1-01)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Jozefa Wozna

(a) Residence: No. 1015 S Kenwood St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Wozna

6. DATE OF BIRTH (month, day, year) Feb 13-1854

7. AGE: Years 79 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Edward Kosechtel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph A Wozna

(Address) 1015 S. Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 5/8 1933

19. UNDERTAKER William Eertz

(Address) 1217 St Paul St

20. FILED 5-8 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to May 5 1933

I last saw her alive on May 4 1933. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral & Aortic Insufficiency	May 5/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Isabel V Athey M. D.

(Address) 100 E Pleasant St Balto

M. D. B. 1269-6

E 90185

90185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 E. Fayette St. 6-01 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma V. Keene

(a) Residence: No. 2235 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. ~~Married~~, widowed, or ~~divorced~~ (w) WIFE of Peter J. Keene

6. DATE OF BIRTH (month, day, year) Jan 1867

7. AGE: Years 66 | Months 4 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: a

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry L. Welfel

14. BIRTHPLACE (city or town) (State or country) Pittsburg Penna

MOTHER

15. MAIDEN NAME Emma Conofman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Frederick J. Keene

(Address) 2235 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 5/8 1933

19. UNDERTAKER Wm Groth

(Address) 1219 St Paul St

20. FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1933 to 5/5 1933

I last saw ~~her~~ alive on 5/5/1933, 19 ..... Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Renal disease	?
Chronic myocarditis	
Other contributory causes of importance:	
Acute Heart Failure	2 hrs.
"Marginal"	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lucius E. Little, M. D.

(Address) 719 Park Ave

M. D. B. 1268-9

90186

E 90186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Saint Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 25th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary A. Tessler

(a) Residence: No. 24 Camille Ave Halethorpe, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Tessler

6. DATE OF BIRTH (month, day, year) Jan. 31st 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Tessler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Echele

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Edna Granlund

(Address) 24 Camille Av Halethorpe

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/9 . 1933

19. UNDERTAKER Robert Diggs & Son

(Address) Calhoun & Hollins st

20. FILED ... 19... Agency ... Register

~~17 1933 Washington Cemetery~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16 . 1933, to May 6 . 1933.

I last saw her alive on May 01 . 1933. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism. — Date of onset 5/6/33

Other contributory causes of importance:

Diabetes Mellitus — Not known

Name of operation Med thigh amputation Date of 4/27/33

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert W. Carson . M. D.

(Address) St. Agnes Hosp.

Spec.—1-30—M. & T.—250 Blks

E 90187

90187

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 135 W. Hamburg ST. 23-21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hawkins

(a) RESIDENCE NO. 135 W. Hamburg ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Ruth Hawkins

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter + Fireman 086
(b) General nature of industry, business, or establishment in which employed (or employer) Mason Tuttle Co.
(c) Name of employer

PARENTS
9 BIRTHPLACE (city or town) (State or country) Calvert Co.
10 NAME OF FATHER John Hawkins
11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co.
12 MAIDEN NAME OF MOTHER Sarah Simms
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co.

14 Informant (Address) Mary Hawkins 936 East Hall St.

15 Filed 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5/1933

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1933, to May 5, 1933, that I last saw him alive on May 4, 1933, and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Otis Flowers M. D.,

2-7-33 (Address) 712 E. Hamburg Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 5/7 1933

ADDRESS 139 W. Hamburg St.

UNDERTAKER Walter D. Scriggs

F 90188

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1313 N. Eden St., 9-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Beyer
(a) Residence: No. 1313 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva Beyer

6. DATE OF BIRTH (month, day, year): Dec. 19. 1868

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
64	4	16 17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): germany

FATHER
13. NAME: Johan W. Beyer
14. BIRTHPLACE (city or town) (State or country): germany

MOTHER
15. MAIDEN NAME: Sophia Lutz
16. BIRTHPLACE (city or town) (State or country): germany

17. INFORMANT: Mrs. Eva Beyer
(Address) 1313 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: May 8 1933

19. UNDERTAKER: Margaret G. Flynn
(Address) 1422 Fulton St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to May 5 1933
I last saw him alive on May 1 1933 Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance:
Auricular fibrillation
Myocarditis
Hypertension

Name of operation: ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify
(Signed) ... M. D.
(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90139 E 90189

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 631 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Davis

(a) Residence: No. 401 Schwartz ave St., Towson Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col.	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arra Davise

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Joseph Davis

14. BIRTHPLACE (city or town) (State or country) N. C

15. MAIDEN NAME Martha Stubbs

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Arra Davis
(Address) 401 Schwartz ave

18. BURIAL, CREMATION, OR REMOVAL
Place Comm'l C Date May 8 1933

19. UNDERTAKER Wm. H. Chase & Son
(Address) 635 N. Gilmor St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6 1933 to May 6 1933

I last saw h alive on May 6 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/6 1933

Where did injury occur? 54 Paul St + Stratford Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Traffic accident

Manner of injury Injured she was riding in

Nature of injury collided with a truck 5/6/33

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Storm Coroner M. D.

(Address) 2200 E Monument St

A&Co. 5-31 250B

90190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90190

CERTIFICATE OF DEATH

92-001

Registered No. 12-01

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 332 St Paul St., Ward)

Length of residence in city or town where death occurred 71 yrs 3 mos 4 ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Howard Parrish

(a) Residence: No. 332 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Georgia Schryver Parrish

7. DATE OF BIRTH (month, day, year) Feb 1 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Extracts & Flavouring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Parrish

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Angeline Spears

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Georgia Schryver Parrish
(Address) 332 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
London Park Cemetery Date May 8 1933

19. UNDERTAKER Chas H Black
(Address) 742 W. Lanvale Ave

MY 7 1933 Huntington, W. Va. Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 5 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932 to May 5, 1933

I last saw him alive on May 5, 1933 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Endocarditis	uncertain

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W A Black Jr, M. D.

(Address) 2800 St Paul St

M. D. B. 1268-9

90191

HEALTH DEPARTMENT—CITY OF BALTIMORE

90191

CERTIFICATE OF DEATH

Registered No. V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 E. Fairmount Ave. Ward) 6-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? 66 yrs. mos. ds.

2. FULL NAME Abraham Abramson

(a) Residence: No. 2022 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Edna

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
V 7			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jack Lewis Son
(Address) 1432 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date V 7/33 19

19. UNDERTAKER Jack Lewis Son
(Address) 1432 E. Baltimore St

20. FILED Huntington Village N.P. Registrar

AY 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) V-6-33 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 31 to May 6 19 33

I last saw h/ alive on 5-6- 19 33 Death is said to have occurred on the date stated above, at 11 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	V-6-33

Other contributory causes of importance:

Chronic myocarditis.	Several years
Chronic bronchitis.	"
Arterio-Sclerotic C.V. Disease.	"

Name of operation ..... Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel B. Wagner, M. D.

(Address) 1313 E. North Ave.

M. D. B. 1268-9

E 90192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90192

CERTIFICATE OF DEATH

115-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Grantley St. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Bokman

(a) Residence: No. 700 Grantley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3, 1881.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Francis R. Bokman

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Alberta Bokman

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Edith A. Bokman.
(Address) 700 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6 1933

19. UNDERTAKER Tony V. Weitzke
(Address)

20. FILED MAY 7 1933 Hunter Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to May 5, 1933

I last saw h alive on May 1, 1933. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Parotid Gland	3/1/33
Gen. Septicemia	5/1/33

Other contributory causes of importance:

Name of operation Inc. & Drainage Date of 4/1/33

What test confirmed diagnosis Physical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) L. Bronstein, M. D.

(Address) 888 N. Broadway

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90193

CERTIFICATE OF DEATH

E 90193

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles H. Irwin

(a) Residence: No. 1909 Wheeler Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Irwin

6. DATE OF BIRTH (month, day, year) May 14 69

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Walton, Md

FATHER

13. NAME James Irwin

14. BIRTHPLACE (city or town) (State or country) Walton, Md

MOTHER

15. MAIDEN NAME Mary A McKenney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 1933

19. UNDERTAKER Harry H Wilkes
(Address) 4101 Edmondson Ave.

20. FILED 1933 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/3 1933 to 5/5 1933

I last saw h... alive on 5/5 1933. Death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Salivary Glands & Metastasis	4-6 months

Other contributory causes of importance:

Metastasis	2

Name of operation Cholecystotomy & removal gallstones Date of 3/7/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. O. Gordon M. D.

(Address) Mercy Hospital

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90194

90194

CERTIFICATE OF DEATH

66-002

Registered No.

1. PLACE OF DEATH University Hospital 1-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Hajewska

(a) Residence: No. 639 S Patterson Park Ave St., ... Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced (or) WIFE of John Hajewska

6b. DATE OF BIRTH (month, day, year) 6/12/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Holy 670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Wachowiak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rozalia Zamenska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) John Hajewska 639 S. Patterson Pk.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date 5-9 1933

19. UNDERTAKER (Address) William Fiderowicz 648 Eastern Ave

20. FILED JUN 7 1933 Huntington Wilson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1933 to 5-5 1933

I last saw h alive on 5-5 1933 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	1928
Other contributory causes of importance: Cardiac failure	2 days

Name of operation Subtotal thyroidectomy Date of 5-4-33

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Hull, M. D.

(Address) University Hospital

M. D. B. 1268-B

90195

HEALTH DEPARTMENT—CITY OF BALTIMORE

90195

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 E. Preston Street St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen O'Neill

(a) Residence: No. 2408 E. Preston Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, year) Jan. 19, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
65	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Felix O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Shorter

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna O'Neill

(Address) 2408 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date May 8, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED MAY 7 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to May 5, 1933

I last saw her alive on May 4, 1933 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926
Other contributory causes of importance:	
Cerebral Hemorrhage	5/2/33

Name of operation Date of

What test confirmed diagnosis? Clinical symptoms No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Dingwall M. D.

(Address) 615 S. Ann St.

Spec.—9-30—A. & Co.—250 Bks.

0196 E 90196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.

1. PLACE OF DEATH Bon Secours Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Jennie McCormick

(a) RESIDENCE NO. 1715 N. Fulton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Michael McCormick

6 DATE OF BIRTH (month, day, and year) Feb 10-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	66	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Colgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Ed J. Burns 1715 N Fulton Ave

15 Filed MAY 7 1933 Huntington Wilkerson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1933, to May 5 1933

that I last saw h e alive on May 5 1933

and that death occurred, on the date stated above, at 3 10 P M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum with Perforation.
Generalized Peritonitis
Acute Appendicitis & Obs. Calculus

(duration) yrs. mos. dys.

CONTRIBUTORY (Secondary): Postoperative Shock - Syncope
6 weeks
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 27, 1933

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Aloha H. Crowther M. D.

(Address) Bon Secours Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 5/9 1933

UNDERTAKER: Leonard J Rench

ADDRESS: 5305 Hempstead Pl

1-30—M. & T.—100 B—50L

M

90197

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90197

CERTIFICATE OF DEATH

216-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 3a.)

2-FULL NAME Charles E. Newcomer

(a) RESIDENCE NO 504 Tunbridge Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Newcomer

6 DATE OF BIRTH (month, day, and year) April 17 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24	0	19 20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Newcomer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Hazel Newcomer

(Address) 504 Tunbridge Road

15 Filed MAY 7 1933 By Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North Ave nr McMechen

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Auto he was driving struck a pole on North Ave Bridge 5/7/33

(Signed) Joseph O'Leary M. D.
Coroner

, 19 (Address) 2100 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harney, Md.

DATE OF BURIAL May 9, 1933

20 UNDERTAKER E. LeRoy Steffler Inc

ADDRESS 125 E North Ave

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

90198

90198

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 N Collington Ave. St. Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine A Kenney

(a) Residence: No. 1413 N Collington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Kenney

6. DATE OF BIRTH (month, day, year) July 3 / 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.	10	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Corrigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice May Irvin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alice May Manson

(Address) 1413 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date May 9 / 1933

19. UNDERTAKER H Walter Evans

(Address) 2418 Eastern Ave.

20. FILED MAY 8 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 / 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3 / 1933 to May 6 / 1933

I last saw her alive on May 6 / 1933 Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	4 yrs
Adrenal Insufficiency	3 days
Arteriosclerosis	4 yrs
Bronchitis	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert C Cronenberg M. D.

(Address) 2025 E North Ave

1-30—M & T —100 B—50L

90199

HEALTH DEPARTMENT—CITY OF BALTIMORE

M V
270-801 E 90199

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial St., Hospital WARD 49

2-FULL NAME Kenneth H. Goodman

(a) RESIDENCE NO 3417 Chestnut Ave St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	18	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): of 9
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Perry A. Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Carrie M. Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Carrie M. Goodman
(Address) 3417 Chestnut Ave.

15 Filed ... 1933 ... 192 ... Huntington Wilson Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North Ave Bridge on Mt Royal

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None (auto in collision struck a pole)

(Signed) Joseph P. Leary 5/7/33 M. D.
Coroner

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 5/10/1933

20 UNDERTAKER Walter Davis

ADDRESS 3418 Chestnut Ave

M. D. B. 1264-0

90200

HEALTH DEPARTMENT—CITY OF BALTIMORE

90200

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bevan

(a) Residence: No. 5707 Birchwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of: Mattie E. Funkhouser

7. DATE OF BIRTH (month, day, year): Aug 6 1883

8. AGE: Years 49 | Months 9 Mo. | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Adj

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agent & Broker

10. Date deceased last worked at this occupation (month and year): April 1933

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Gertrude K. Bevan

14. BIRTHPLACE (city or town) (State or country): Crystal Springs Miss.

15. MAIDEN NAME: Mary A. McCarthy

16. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

17. INFORMANT: Mrs Gertrude E. Bevan

(Address) 5707 Birchwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Harwood Cemetery Date May 9, 1933

19. UNDERTAKER: Edward W. Conklin

(Address) 727 Lexington St.

20. FILED: May 10 1933

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to May 7th, 1933

I last saw h alive on May 7th, 1933. Death is said to have occurred on the date stated above, at 12.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis —	4/22/33
Chronic myocarditis —	
Chronic Bronchitis —	
Other contributory causes of importance:	
Peritonitis (diffuse)	4/24/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kerness, M. D.

(Address) St Joseph's Hosp.

90201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90201

27534
Md.

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Washington

(a) Residence: No. 1216 Chatham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 10 - 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30 31	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Jas H Washington
14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Belle Malone
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 5-8 , 1933

19. UNDERTAKER Dennis Easter
(Address) 96 Pa ave

20. FILED MAY 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 , 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 , 1933 to May 4 , 1933
I last saw h. alive on May 4 , 1933 Death is said to have occurred on the date stated above, at 5-10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy, etiology unexplained	May 1933
Myocardial insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Klaymichael Tilghman M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90202

E 90202

CERTIFICATE OF DEATH

93-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 E. East Ave St. 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Thurlow

(a) Residence: No. 229 E. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chester A. Thurlow

6. DATE OF BIRTH (month, day, year) Oct 17, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Bowerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Capt Chester A. Thurlow

(Address) 229 E East Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cem. Date Mar 8. 1933

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore St. & Broadway.

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933 to May 4, 1933

I last saw her alive on May 4, 1933. Death is said to have occurred on the date stated above, at 5.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism	about Aug. 29
Other contributory causes of importance:	
Myocarditis acute	4-10-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. Heller, M. D.

(Address) 1937 Eutaw

M. D. B. 1268-B

90203 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90203

CERTIFICATE OF DEATH

117-091

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ~~42 South Eaton~~ 812 S. Eaglen St., 16-01 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Michael Deegan
(a) Residence: No. 812 S. Eaglen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND of / WIFE of: Marie Deegan
6. DATE OF BIRTH (month, day, year): Feb. 11, 1889
7. AGE: Years 44 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newspaper Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore News
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Thomas Deegan
14. BIRTHPLACE (city or town) (State or country): Milestone, Ire

MOTHER
15. MAIDEN NAME: Elizabeth ?
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: May 9, 1933
19. UNDERTAKER: Jos. Shewmake & Son
(Address): 32 S. Broadway

20. FILED MAY 10 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933 to May 5, 1933
I last saw him alive on May 5, 1933 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Toxemia - per Dr. Leech	3 days
Cerebral Hemorrhage	3 days

Other contributory causes of importance:
Bronchopneumonia, (terminal) 3 days

Name of operation: Closure of Colon Date of operation: 5/2/33
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Wm. Bruce Schaub, M. D.
(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90204 90204

CERTIFICATE OF DEATH

+ 108

1. PLACE OF DEATH Provident Hospital

Registered No.

CITY OF BALTIMORE: (No. 15 N Dimmore St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. mos. 7 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Silas Valentine

(a) Residence: No. Center St. St., Jamaica Statenes

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of Lucie Valentine
(or) ~~WIFE of~~ Jamaica Statenes

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lucie Valentine

(Address) Center St. Jamaica Statenes

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 6, 1933

19. UNDERTAKER Mrs. A. J. Ellis Sr.

(Address) 1129 N. Carrollton Ave

20. FILED MAY 8 1933 Huntington Hillyard, Registrar

DNS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1933, to 5-5, 1933

I last saw h~~im~~ alive on 5-5, 1933. Death is said to have occurred on the date stated above, at 1.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-29-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Harris M. D.

(Address) Provident Hospital

M. D. B. 1268-9

90205

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH

E 90205

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Kaifos

(a) Residence: No. 301 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 19th 1932

7. AGE — Years: — Months: 10 Days: 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

OCCUPATION

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME George H. Kaifos

14. BIRTHPLACE (city or town) Greece (State or country)

MOTHER

15. MAIDEN NAME Helen Valkas

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Helen Kaifos

(Address) 301 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 8th, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

MAY 8 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 6, 1933

I last saw him alive on May 6, 1933 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-27-33
Other contributory causes of importance:	
Eczema	?
Rickets	?

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Dver Moores, M. D.

(Address) University Hospital

M. D. B. 1268-9

0206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90206

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 W. Garrison St. 15-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Sarah L. ~~Harp~~ Kennedy

(a) Residence: No. 2826 W. Garrison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. J. Kennedy

6. DATE OF BIRTH (month, day, year) July 3 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	10	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Ed. Harp.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Shaw.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. W. J. Kennedy.

(Address) 2826 W. Garrison.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 5/10 1933

19. UNDERTAKER Herman Lemmon.

(Address) 464 Park Heights.

20. FILED 1933 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7. 1933

22. I HEREBY CERTIFY, That I attended deceased from May - 1931 to May 7, 1933

I last saw her alive on May 7, 1933. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis — Date of onset May 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. L. Bryan M. D.

(Address) 324 W. Read St.

M. D. B. 1268-9

90207 HEALTH DEPARTMENT—CITY OF BALTIMORE L 90207

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 5-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Williams

(a) Residence: No. 325 Calvin St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: ~~white~~ black

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Unknown

8. AGE: Years 47 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Penna

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Loud Date May 5, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.40 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis — Date of onset

Other contributory causes of importance: Syphilis

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Feringer M. D. Coroner

(Address) 306 N. Wilson St.

M. D. B. 1268-9

90208 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90208

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 412 Mercer St., 4-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Deter

(a) Residence: No. 412 Mercer St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ada Deter

7. DATE OF BIRTH (month, day, year)

8. AGE — Years: 74 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ada Deter
(Address) 412 Mercer St

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Lot May 8 19...
Date

19. UNDERTAKER [illegible]
(Address)

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
(Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Feller, M. D.
Coroner

(Address) 273 Eastern Ave

Z. D. R. 1268-9

E 90209 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90209

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Woodbine Ave. St. 28-04 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna W. Rankin,

(a) Residence: No. 3402 Woodbine Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Rankin,

DATE OF BIRTH (month, day, year) November 8. 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Venango Co. Penna

13. NAME Eli Williams,

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Jane Jolly,

16. BIRTHPLACE (city or town) (State or country) Penna,

17. INFORMANT H. D Rankin

(Address) 3402 Woodbine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Emlenton Pa. Date MAY 9- 1933

19. UNDERTAKER Geo W. Little

(Address) 2700 Edmondson Ave.

20. FILED MAY 10 1933 Emlenton Pa. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16/33 . 19 . to May 7/33 . 19

I last saw her alive on May 6/33 . 19 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Unknown
Other contributory causes of importance: Chronic Paranchymatous Nephritis.	Unknown

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Hewes Clews M. D.

(Address) 1933 Hunter.

M. D. B. 1268-9

E 90210 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90210

CERTIFICATE OF DEATH

V 57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Forest St St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Ann Rogers

(a) Residence: No. 1130 Forest St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George A. Rogers

6. DATE OF BIRTH (month, day, year) Jan 6 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Reynolds

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ellen Ganey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs E. Gordon Compton

(Address) 1130 Forest St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date May 9, 1933

19. UNDERTAKER Edgar W. Franklin

(Address) 724 E. Ensor St.

20. FILED MAY 8 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 7, 1933

I last saw her alive on May 6, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Exhaustion from Inanition with Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Arteriosclerosis Senile Arthritis

Name of operation — Date of .....

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas. Reese, M. D.

(Address) 1130 Forest St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90211

CERTIFICATE OF DEATH

82-886 E 90211

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5504 Benton Heights (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Kircher

(a) Residence: No. 5504 Benton Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Kircher

6. DATE OF BIRTH (month, day, year) Jan 5 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Carl Micheal

14. BIRTHPLACE (city or town) (State or country) Germany ?

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anthony Kircher

(Address) 5504 Benton Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 9 . 1933

19. UNDERTAKER Martin W. E. Dippel Inc

(Address) 37 S Amity St

20. FILED ... 19 ... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... I last saw her alive on May 4 1933 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	1933

Other contributory causes of importance:

Arteriosclerosis	1 Yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury — . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. L. Barnes M. D.

(Address) 6111 Windsor Ave

Z. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90212

E 90212

CERTIFICATE OF DEATH

27-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hos St. 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Williamson

(a) Residence: No. 1703 N Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (write the word)
M	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 16 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	4	11 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Darlington S.C.

13. NAME OF FATHER Billy Williamson

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME OF MOTHER Nora Kelly

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hezekiah Williamson

(Address) 1703 N. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 9 1933

19. UNDERTAKER Sam'l R. Chase & Son

(Address) 638 N. Gilmor

20. FILED MAY 8 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2d 1933 to May 7 1933

I last saw him alive on May 7 1933 Death is said to have occurred on the date stated above, at 6 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Cellulitis Lt Hip	?

Other contributory causes of importance:

Disseminating Tuberculosis Myocardial Failure	? 5/7/33

Name of operation Incision & Drainage Date of 2/4/33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No: If so, specify

(Signed) Emil J. O. Hildebrand M. D.

(Address) Union Hospital

M. D. R. 1268-B

90213 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90213

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5416 Fremont Ave. 27-6th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Tyler

(a) Residence: No. 5416 Fremont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Basil Tyler

DATE OF BIRTH (month, day, year) May 7 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8 0	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bate Co

13. NAME Fannie Truscal

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Charity Wilkerson

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Sister - Mary Fannie Howard
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 5/8/33 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Huntington Williams N.Y.
(Registrar)
MAY 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 , 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st , 1933 to May 7 , 1933
I last saw her alive on May 6 , 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phlebitis of Heart — Myocarditis	Apr 24
Other contributory causes of importance: Artero Sclerosis	1923

Name of operation — Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. C. Summit M. D.
(Address) 4209 Reisterstown Ave

M. D. B. 1268-9

E 90214

90214 60 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Candido C Caffre

(a) Residence: No. 463 Greene St., ... Ward. S. Brownsville Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-17-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N York

FATHER

13. NAME Nick Capuchione

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Jennie Cannino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT JOHNS HOPKINS HOSPITAL Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pa

Place Brownsville Date 5/8/33 19

19. UNDERTAKER Joseph Abrems

(Address) 221 Bway

20. FILED MAY 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 7, 1933.

I last saw him alive on May 7, 1933. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal tuberculosis left.	4 yrs
Tuberculosis of urinary bladder	4 yrs
Potts disease. (Abscess)	2 yrs
Fibrous Pericarditis	6 yrs
Other contributory causes of importance: Pulmonary atelectasis Lt.	5/7/33

Name of operation Nephrectomy Lt. Date of 5/5/33

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd T. Jones M.D.

(Address) Johns Hopkins H.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90215

90215

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 114 S. Conkling St., (Ward) 26-01

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY BROWN.

(a) Residence: No. 114 S. Conkling St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christina Brown

6. DATE OF BIRTH (month, day, year) Mar. 23 1870.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Magnus Brown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Weitzel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Grace Piniesk(Sister)
(Address) 125 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May 9 1933

19. UNDERTAKER Lilly E. Zeiler Inc
(Address) 403 S. Wolfe St.

20. FILED May 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to May 5 1933

I last saw him alive on May 5 1933 Death is said to have occurred on the date stated above, at 4:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	about April 27
Lobar Pneumonia	
Bronchitis	
Diabetes	

Other contributory causes of importance:

acute Cardiac Dilatation	1 dy.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. Reed Bunds M. D.

(Address) 1 E. Madison St

H. D. B. 1269-9

90216 HEALTH DEPARTMENT—CITY OF BALTIMORE

Walt 3

CERTIFICATE OF DEATH

× 92-00 E 90216

1. PLACE OF DEATH
CITY OF BALTIMORE (a) No. En route to University Hospital (Hosp.)
Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H. Kreimer
(a) Residence: No. Mt. Airy, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rhoda Kreimer
DATE OF BIRTH (month, day, year) Feb 22-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Gerhard Kreimer
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Elizabeth Ekung
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT John T. Kreimer
(Address) Mt. Airy. Md
18. BURIAL, CREMATION, OR REMOVAL
Place Pipe Creek Cem. Date May-9- 1933
19. UNDERTAKER C. M. Trail
(Address) Mt. Airy Md
FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1933
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation & Coronary Disease	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) Eugene Zellers M. D.
Coroner
(Address) 4739 Eastern Ave.

Spec.—8-16-29—L. F. S.—100 Bks.

E 90217 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 E 90217

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2520 Woodstock St.; 13-01 WARD)

2—FULL NAME Charles H. Mormann Charles Henry Mormann

(a) RESIDENCE NO. 2520 Woodstock St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 16 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	22	

OCCUPATION OF DECEASED Painter & Upholstering

(a) Trade, profession or particular kind of work Ptg. & Upholstering

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Gustav Mormann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Matilda Heck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Max Schaefer

(Address) 2520 Woodstock Ave

15 Filed MAY 6 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5/33

17 I HEREBY CERTIFY, That I attended deceased from May 5th 1933, to May 5th 1933, that I last saw h[illegible] alive on May 2nd, 1933 and that death occurred, on the date stated above, at 2:20 a m.

The CAUSE OF DEATH* was as follows:

Uraemia complication of Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Very Much Dropsical Acute Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Apparent Uraemia

(Signed) Edward L. , M. D.

May 5 1933 (Address) 1405 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 10 19 33

20 UNDERTAKER Joseph B. Cook

ADDRESS 1005 West Baltimore St.

M. D. B. 1268-9

90218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90218

CERTIFICATE OF DEATH

92-001

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 E Lafayette Ave St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Eifert

(a) Residence: No. 2013 E Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Eifert

6. DATE OF BIRTH (month, day, year): Oct. 10, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Bernhardt Trautman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sophie Kneesi

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Herman C. Seibold
(Address): 2013 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: May. 9, 1933

19. UNDERTAKER: Geo. J. Roth Son
(Address): [illegible]

20. May 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to May 5, 1933

I last saw h[illegible] alive on May 5, 1933 Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	May
Other contributory causes of importance:	
Cardiac Dilatation	
Arterio Sclerosis	Oct 1932
Angina Pectoris	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edna Bowman M. D.
(Address) 718 N Patterson Pk

A&Co. 5-11 2'08

HEALTH DEPARTMENT—CITY OF BALTIMORE

90219

E 90219

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. Patterson Park Ave St. 1-61 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna A. Horney

(a) Residence: No. 28 S. Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Horney

7. DATE OF BIRTH (month, day, year) Dec 25, 1863

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry M. Staylor

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Henry M. Staylor
(Address) 28 S Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date May 9 1933

19. UNDERTAKER Frank V. Pistone
(Address) 2818 E. Baltimore St

8 1933 Clayton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 7, 1933

I last saw her alive on ... 6, 1933 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease	1½ yrs
Other contributory causes of importance:	
Cerebral Hemorrhage	5/1/33

Name of operation None Date of —

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. D. Neer M. D.
(Address) 408 S. Patterson Park ave

M. D. B. 1268-9

90220 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90220

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 24

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Warren Belcher -

(a) Residence: No. Towson - R.7# 6 - Towson Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White -	Child -

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Dec. 12th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6 4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland -

FATHER

13. NAME John Belcher -

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Lubic (?)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date May 9th 1933

19. UNDERTAKER Charles O'Donnell (Address) 2769 E. Lanvale Ave

20. FILED ..... 19..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13th 1933 to May 7 1933

I last saw him alive on May 7th 1933. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	4/13/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. F. Buckford Jr. M. D.

(Address) Johns Hopkins Hosp

I. D. B. 1268-9

90221

HEALTH DEPARTMENT—CITY OF BALTIMORE

G

E 90221

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9-E Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Busch

(a) Residence: No. 512 S Castle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

7. DATE OF BIRTH (month, day, year) Oct 7, 1865

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coach cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adam Busch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lutzeman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Busch
(Address) 512 S Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date May 9 1933

19. UNDERTAKER Mrs C. Miller & Son
(Address) 3534 Jefferson St Baltimore Maryland

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 19.. to ..., 19..
I last saw him alive on May, 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	5/6/33
Other contributory causes of importance: Automobile Accident	5/6/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/6, 1933
Where did injury occur? Fleet St nr. Castle (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto, while
Nature of Injury walking across Fleet St nr Castle

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph B Mahony Coroner M. D.
(Address) 2100 E Madison St

M. D. B. 1268-9

90222

HEALTH DEPARTMENT—CITY OF BALTIMORE

90222

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3516 (St.) Lynchester Rd (Ward) 15-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sally Helen Klein

(a) Residence: No. 3516 Lynchester Rd St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3 4	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Daniel E. Klein

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Agnes R. Williams

16. BIRTHPLACE (city or town) (State or country) Pgh Pa

17. INFORMANT Mr. Daniel E. Klein

(Address) 3516 Lynchester Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 9, 1933

19. UNDERTAKER Wm. McKeyer & Sons

(Address) Pond & Pennsa

20. FILED 1933 Huntington Whitehead, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-3-, 1933 to 5-7-, 1933

I last saw her alive on 5-7-, 1933. Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Type B. Lower Right Lobe	2 days
Other contributory causes of importance: Oedema of Lung.	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lyman Pool, M. D.

(Address) 2262 W North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90223 E 90223

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 Division St., 14-01 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Walsh

(a) Residence: No. 1541 Division St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: David C Walsh

6. DATE OF BIRTH (month, day, year): Feb. 17, 1859

7. AGE: Years 74 | Months 2 | Days 1923 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland.

FATHER

13. NAME: Timothy Sullivan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Barrett

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT (Address): Miss Helen A. Walsh 1541 Division St.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date May 9, 1933

19. UNDERTAKER (Address): Wm. Fleckner Sons Gorsuch & Parves. Huntington Indiana, N.B.

20. Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8 - 1933 to May 6 1933

I last saw h alive on May 5 1933 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Interstitial Nephritis	1926
Ch. Valvular Heart Disease	1926

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James Brown M. D.

(Address) 1663 W. Mount Ave.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

0224

E 90224

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. George W. Shaw

(a) Residence: No. 2907 Chelsea Ter. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Edith C Shaw

7. DATE OF BIRTH (month, day, year) July 15, 1846

8. AGE Years	Months	Days 22	If LESS than 1 day, hrs. or min.
86	8	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

11. Total time (years) spent in this occupation 016

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME David Shaw

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Catherine Kelley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Edith C. Shaw

(Address) 2907 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date May 10, 1933

19. UNDERTAKER O'Neill Keelyer Bond & Payne

(Address) Huntington Building

FILED MAY 8 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1933, to 5-7, 1933

I last saw him alive on 5-7, 1933 Death is said to have occurred on the date stated above, at 11:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	1931?
Other contributory causes of importance:	
Broncho-pneumonia	5-5-33
Myocardial failure	5-7-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

C. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90225 E 90225

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Virginia Ave. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 13 dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richie Walker Taylor

(a) Residence: No. 3101 Virginia Ave St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Grace D. Taylor

DATE OF BIRTH (month, day, year) Mar. 24, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Signal Engr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 07

7. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Richie W. W. Taylor

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maria D. Crump

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Grace D. Taylor

(Address) 3101 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date May 1933

19. UNDERTAKER Wm. Lee Rowe Sons

(Address) North & Paca Sts.

20. FILED 8 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said

I last saw h alive on m.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

J. C. Taylor Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Thompson M. D.

Coroner

(Address) 3852 Roland Ave.

H. D. B. 1268-9

M

HEALTH DEPARTMENT—CITY OF BALTIMORE

90226 E 90226

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l St. 16-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Gloren

(a) Residence: No. 1013 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 22 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Maurice Gloren

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Clara Poulton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Maurice Gloren
(Address) 1013 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 20, 1933

19. UNDERTAKER Wm. J. Tuckwell & Sons
(Address) North & Penna Ave

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 to May 19

I last saw him alive on May 19, Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	5/7/33
Other contributory causes of importance:	
Automobile Accident	5/7/33

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 7, 1933

Where did injury occur Franklintown Rd ~ 1000 Block (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by automobile while

Nature of injury playing on street

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Phoney Coroner M. D.

(Address) 2200 E Madison St.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90227

CERTIFICATE OF DEATH

E 90227

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Field

(a) Residence: No. 5308 Gwynn Oak Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----

7. DATE OF BIRTH (month, day, year) February 5th 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William A. Field

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Mary McFarland

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Mary E. Field

(Address) 5308 Gwynn Oak Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 8th 1933

19. UNDERTAKER J. F. Lichtenberg & Sons

(Address) Huntington Williams, Inc.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6 1933 to 1933

I last saw him alive on May 6 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Spleen	
Intra Abdominal hemorrhage	

Other contributory causes of importance:

Automobile Accident

Name of operation Laparotomy Date of 5/5/33

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/5 1933

Where did injury occur? Edmondson Ave & Pulaski St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which she was

Nature of injury riding collided with another

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Kenny M. D.

Coroner

(Address) 2200 E Madison St

M. D. B. 1268-9

E 90228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90228

CERTIFICATE OF DEATH

8-01 V 115-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. Hanemard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Diemel

(a) Residence: No. 3225 Elmna Ave. Elmora St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE of~~) Thelma Diemel

7. DATE OF BIRTH (month, day, year) Sept. 1, 1900

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

10. Date deceased last worked at this occupation (month and year) April 33

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Diemel

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Pilgrim

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John Diemel
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Date May 10, 1933

19. UNDERTAKER Thompson Bros.
(Address) 3615-17 Pleasant Ave.

Huntington Pittsburgh, Pa.

FILED 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to May 9, 1933

I last saw h alive on May 7, 1933. Death is said to have occurred on the date stated above, at 9.30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	April
Cardiac Collapse	

Other contributory causes of importance:

Name of operation Thoracotomy Date of April 28
Graduate Hospital Clinical
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Richard J. Hauver, M. D.
(Address) Church Home & Infirmary

M. D. B. 1268-9

E 90229 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90229

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Falls Road St., 43-61 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha J. Lewis

(a) Residence: No. 4104 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry E. Lewis

6. DATE OF BIRTH (month, day, year) Oct 10, 1852.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Isaac W. Frazer

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Sarah N. Blakely

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Richard H. Lewis
(Address) 527 W 38th St

18. BURIAL, CREMATION, OR REMOVAL
Mt. Maria Harrowden Date May 10, 1933

19. UNDERTAKER J. C. Hunnewell & Son
(Address) 3615 Chestnut Ave

20. FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1933 to May 8th, 1933

I last saw her alive on May 8th, 1933 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	5 yrs.
Arteriosclerosis	5 yrs.
Acute Cardiac Dilatation	May 8th

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If no, specify .....

(Signed) Sidney A. Streett, M. D.

(Address) 4502 E. Fort Ave.

M. D. B. 1268-9

90230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90230

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Woodward St., 7-1-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry W Schelhause Jr.

(a) Residence: No. 829 Woodward St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Schelhause

6. DATE OF BIRTH (month, day, year) Jan 21, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Provident Savings

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation Bank

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Schelhause

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fuhrman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Schelhause
(Address) 1007 Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date May 10, 1933

19. UNDERTAKER A. Kraus & Sons
(Address) 30 E Fayette St

20. FILED ... 19... Registrar.

8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1933, to May 7, 1933, that I last saw h.im alive on May 6, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	June 1932
Other contributory causes of importance: Chronic Parenchymatous Nephritis	June 1932

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light St, Balto, Md.

M. D. H. 1268-9

E 90231 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90231

6.90231

6-01 V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. Caroline St., 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernestine Ray

(a) Residence: No. 219 N.Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 20/32

AGE: Years 1 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Lucius Ray

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ethel -------

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Watson
(Address) 219 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Cem Date May 7 1933

19. UNDERTAKER Ernest Poe
(Address) 1600 Eastern Ave

FILED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .... Death is said I last saw h alive on ..... 19 .... to have occurred on the date stated above, at 11.20 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Bronchopneumonia 2 wks?
(Primary)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Green Coroner M. D.
for Ernest

(Address)

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90232 E 90232

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 433 N. Durham St., 6-01 (Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beulah Griffin Glover

(a) Residence: No. 433 N. Durham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) D C
(State or country)

13. NAME Tony Davis

14. BIRTHPLACE (city or town) D.C.
(State or country)

15. MAIDEN NAME Eliza Comer

16. BIRTHPLACE (city or town) D.C.
(State or country)

17. INFORMANT Sallie Brown
(Address) 433 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date May 11, 1933

19. UNDERTAKER John Bryan
(Address) 1631 Orleans St

20. FILED MAY 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932 to May 7, 1933
I last saw h.. alive on May 6, 1933 death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vanular Heart disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. A. Johnson M. D.

(Address) 2329 Newport E.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90233 E 90233

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. 4940 Eastern Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Louis Carrington

(a) Residence: No. 1430 East Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write this word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct. 10, 1918

7. AGE: Years 15 | Months 6 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Richmond, Va.

FATHER
13. NAME: Willie Carrington
14. BIRTHPLACE (city or town) (State or country): Cumberland Co. Virginia

MOTHER
15. MAIDEN NAME: Addie Randolph
16. BIRTHPLACE (city or town) (State or country): Cumberland Co. Virginia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date May 9 1933

19. UNDERTAKER: Edw Bryon
(Address) 1631 orleans

20. FILED ..... 19 ..... Registrar.

MAY 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5 1933 to May. 4 1933
I last saw him alive on April 3 1933 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Tuberculous Cervical Adenitis	Oct. 1932
Other contributory causes of importance: Toxemia	?

Name of operation Exploratory Laparotomy Date of 4/8/33

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Alm Jones Interne M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

90234

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90234

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Dora Hart

(a) Residence: No. 1651 N Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Boris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Masure

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Cem. Date 5/9/33 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED 1933 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to May 9 1933.

I last saw h[illegible] alive on May 9 1933 Death is said to have occurred on the date stated above, at 1.30 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	?
Cardiac Hypertrophy & Dilatation	10 years
Coronary Thrombosis	36 hrs.
Other contributory causes of importance:	
Diabetes Mellitus	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Levin M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

0235

HEALTH DEPARTMENT—CITY OF BALTIMORE 90235

CERTIFICATE OF DEATH

Registered No. 98

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1402 St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Chase

(a) Residence: No. 519 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noah

6. DATE OF BIRTH (month, day, year) Sept. 10 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Eyans Gilmore

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliza Gallion

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Lindsey (Address) 519 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 5/9/33, 19

19. UNDERTAKER Mrs. Lee F. Chase (Address) 1519 Druid Hill Ave

20. FILED 19 Registrar.

VS 1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933 to May 6, 1933

I last saw h[illegible] alive on May 6, 1933. Death is said to have occurred on the date stated above, at No a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	7 days
Infected Gangrene of left leg	1 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bradford Eugene M. D.

(Address) Provident Hospital

M. P. B. 1933 90236

HEALTH DEPARTMENT—CITY OF BALTIMORE 90236

CERTIFICATE OF DEATH

125-101

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dawson St., 17th Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Delsia Eugenia Ross

(a) Residence: No. 1514 Dawson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pupil nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&H

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg West Virginia

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Mrs Mary Ross

16. BIRTHPLACE (city or town) (State or country) Martinsburg West Virginia

17. INFORMANT Mrs Mary Ross
(Address) 223 N College St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 5/9/33 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED MAY 9 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-5 1933 to 5-8 1933

I last saw her alive on 5-8 1933 Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow Atrophy of Liver	5-3-33

Other contributory causes of importance:

None

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. F. Ferris M. D.

(Address) Provident Hospital

M. D. B. 1268-B

90237

HEALTH DEPARTMENT—CITY OF BALTIMORE

90237

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Hall Colored Widow

(a) Residence: No. N.E. cor. Carrollton Ave St., Ward. Lafayette Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ? 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs A. Shuffer

(Address) 36 N. Calloway Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5/10/33

19. UNDERTAKER Mrs. Geo. E. Holland

(Address) 1201 Druid Hill Ave

20. FILED MAY 9 1933 Harrington Williams M.D.

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1933 to 5-7 1933

I last saw her alive on 5-7 1933 Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hypertension Carditis Diabetes Mellitus Coma	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harrington Williams M.D.

(Address) Provident Hospital

H. D. B. 1268-9

90238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90238

CERTIFICATE OF DEATH

82-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ. Hosp. St. 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
(Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas R. Holmes

(a) Residence: No. 1110 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Helen Holmes

7. DATE OF BIRTH (month, day, year) Aug 15th 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	37	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Century Theatre

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Winchester Va

13. NAME Charles H. Holmes

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Isabell DeWitt

16. BIRTHPLACE (city or town) (State or country) Columbus Ga.

17. INFORMANT Helen Holmes
(Address) 1110 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 10th 1933

19. UNDERTAKER Wm Cook
(Address) 2217 St Paul St
Huntington Apts. Balto, Md.

FILED 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to May 7, 1933
I last saw him alive on May 7 1933 Death is said to have occurred on the date stated above, at 9.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-6-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) H Savage, M. D.
(Address) Univ. Hosp.

M. D. B. 1934
90239

✓ E 90239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2549 W. North Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bridget Mayers

1a) Residence: No. 2549 W. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of George M Mayers

6. DATE OF BIRTH (month, day, year) Dec 21st 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Harry White
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Cruze
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Harry Mayers
(Address) 2549 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 10th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 12 1933 Henry J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6th 1933 to May 7th 1933
I last saw her alive on May 7 1933 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of Vocal Tract	May 6th 1933

Other contributory causes of importance:

Pneumonia	May 6th '33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. Tyree Talley, M. D.

(Address) 1900 W. Mulberry St.

M. D. B. 1268-9

E 90240 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90240

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 E. Madison St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice V. Higgiston

(a) Residence: No. 2624 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of John J. Higgiston

6. DATE OF BIRTH (month, day, year) Apr 12th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —— 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Colston

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma Craig

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Emma E. Greenstreet

(Address) 5107 66th ave Oak Lane Phila Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933 to May 7, 1933

I last saw h.. alive on May 6, 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 33

Other contributory causes of importance:

Obesity, hypertension

Cardio vascular renal disease.

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm Cullen Bryant Gilpin M. D.

(Address) 3 E Lafayette

M. D. B. 1268-9

E 90241 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90241

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3542 Hanover St. 25-al Ward)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward L. Groghegan

(a) Residence: No. 3542 Hanover St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret Groghegan

6. DATE OF BIRTH (month, day, year) Dec 11th 187?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME William Groghegan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Groghegan

(Address) 2720 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 7, 1933

I last saw him alive on May 7, 1933. Death is said to have occurred on the date stated above, at 1/2 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Chronic Myocarditis	4yr
Other contributory causes of importance: Oedema of Lungs	24 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) M. L. Leichtenberg M. D.

(Address) 1111 Madison Ave

H. D. B. 1268-8

90242 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 90242

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In front of 1259 James St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME Willard H. South.

(a) Residence: No. 1429 Washington Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widower

6. If married, widowed, or divorced, HUSBAND of XXXXXXX Sarah F. South.

7. DATE OF BIRTH (month, day, year) February 5, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker helper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) 10 yrs. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Andrew H. South.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Mary Killingham.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Edgar South. (son)
(Address) 1255 James St.

18. BURIAL, CREMATION, OR REMOVAL Greenfield Ltd 5/10 33

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul Street

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933 . 19

22. I HEREBY CERTIFY, That [redacted] . 19 . to . 19

I [redacted] . 19 Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

5/13/33 (Signature) Otto M. Reinhardt Coroner . M. D.

(Address) 1017 E. Charles St.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90243 E 90243

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley Young (Charles Stanley Young)

(a) Residence: No. 2215 Druid Hill ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	22 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Oakland
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Anna ? Young.

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date May 10, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

MAY 9 1933 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933 to May 7, 1933

I last saw him alive on May 7, 1933. Death is said to have occurred on the date stated above, at 8.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stacey, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

90244 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90244

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Thal)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Revere Jones

(a) Residence: No. 1215 Druid Hill ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Jones

6. DATE OF BIRTH (month, day, year) Nov. 15, 1904 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28 ?	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Walter Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bertha ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemtry Date May 10. 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st

20. FILED ... 19... Registrar.

9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27 1933 to May 7 1933

I last saw him alive on May 7 1933 Death is said to have occurred on the date stated above, at 5.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Apr. 1932
Pott's disease of spine	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Steen M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Blks

0245 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90245

CERTIFICATE OF DEATH.

131 REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 328 Druid ST. 12-W (WARD)

2 FULL NAME Stonewall J. Spencer

(a) RESIDENCE NO. 328 Druid ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Spencer

6 DATE OF BIRTH (month, day, and year) June 1-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tulson Co Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Samuel Higginbotham

(Address) 328 Druid St.

15 Filed ....., 19 MAY 9 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1933

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 6, 1933, that I last saw h.... alive on May 6, 1933 and that death occurred, on the date stated above, at 1:40 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Koch M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL 5/10 1933

20 UNDERTAKER Rayner Sanders

ADDRESS 1413 E. Preston St

Spec.—0-30—A & Co.—250 Bks.

90246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90246

CERTIFICATE OF DEATH.

REGISTERED NO. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Home for Incurables St. 13-01 WARD)

2. FULL NAME Fanny D. James -

(a) RESIDENCE NO. Home for Incurables ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If ~~married~~, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28th 1848

7 AGE: Years 84 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— 000

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland -

PARENTS

10 NAME OF FATHER Levi James

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland -

12 MAIDEN NAME OF MOTHER Eliza L. Robbs -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant (Address) Hospital Records Home for Incurables -

15 Filed MAY 9 1933 Huntington Williams, N.J. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1933, to May 8, 1933

that I last saw h[illegible] alive on May 8 1933

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical history & symptoms

(Signed) L. T. Williamson M. D.

5/8 1933 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: May 12 1933

20 UNDERTAKER: Henry H. Jenkins Sons ADDRESS: Oakland Ave & Ballot

ec.—2-29-28—L. F. S.—500 Bks.

E 90247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90247

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 411 E. Hamburg ST. 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Donald Airey

(a) RESIDENCE NO. 411 E. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 2 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Ella O Airey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Ind

12 MAIDEN NAME OF MOTHER Mary E Breeden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Mrs Mary E Airey

(Address) 411 E Hamburg st

Filed MAY 9 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6. 1933

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 6, 1933

that I last saw him alive on May 6, 1933

and that death occurred, on the date stated above, at 7 20 p. m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. Wallace Ashby M. D.

, 19 (Address) 827 Light St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL May 9 1933

20 UNDERTAKER John H. DeCamp

ADDRESS 715 Light St

M. D. B. 1268-9

90248

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 45 E 90248

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2312 Ruskin St. 15-81 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 26 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Guy Rutherford Bartholomee 62-4-26.

(a) Residence: No. 2312 Ruskin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta E. Bartholomee

6. DATE OF BIRTH (month, day, year): Dec 12 1870

7. AGE: Years 62 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Theo. M. Bartholomee

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Kate F. MacLellan

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs H E Bartholomee (wife)

(Address) 2312 Ruskin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: May 10 1933

19. UNDERTAKER: Stewart Mortuary Company

(Address) 108 W Preston St.

20. FILED: May 9 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933 to May 8, 1933

last saw h... alive on May 8, 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pharynx	1930

Other contributory causes of importance:

Perichondritis Larynx (Chronic)	7 mos

Name of operation: none Date of —

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M B Lewis M. D.

(Address) 711 W. Monument St

M. D. B. 1268-9

90249 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90249

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? 3 yrs. 10 mos. 11 ds.

2. FULL NAME Arthur Frederick Booze

(a) Residence: No. Homewood Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise S. Booze

6. DATE OF BIRTH (month, day, year): June 23 1869

7. AGE: Years 63 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Off

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Insurance

10. Date deceased last worked at this occupation (month and year): Mar 20 33 | 11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: William F. Booze

14. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

MOTHER

15. MAIDEN NAME: Susan A. Harrington

16. BIRTHPLACE (city or town) (State or country): Eastern Shore Maryland

17. INFORMANT: Mrs Louise S. Booze (wife)
(Address) Homewood Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 10 33

19. UNDERTAKER: Stewart & Co.
(Address) 28 W. Mt. Ave.

20. FILED May 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 33, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933 to May 8, 1933

I last saw h Her alive on May 8, 1933 Death is said to have occurred on the date stated above, at 9.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Right	Mar 20 33
Other contributory causes of importance: Chronic Nephritis	Yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Homer C. Clark, M. D.

5-8-33 (Address) Lutherville Md

250 B. 1268-9

E 90250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Eastern Ave. 2-91 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry A Zinkand

(a) Residence: No. 2010 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Catherine Zinkand

6. DATE OF BIRTH (month, day, year) Aug 4 - 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Zinkand

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sophie Sandek

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Zopus

(Address) 242 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date May 11, 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 409 S E. Fayette St.

20. FILED 1933 Huntington, Williams, N.Y.

2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1931 to May 7, 1933.

I last saw h[illegible] alive on May 6, 1933. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1931
Other contributory causes of importance: Pulmonary Edema	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J Koos M. D.

(Address) 413 Fairmount Ave

M. D. B. 1268-B

E 90251

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90251

CERTIFICATE OF DEATH

X 1186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lena Glassing

(a) Residence: No. Pikesville Maryland St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced (~~HUSBAND~~ of (or) WIFE of Mr. August Hartman

6. DATE OF BIRTH (month, day, year) January 8 1865

7. AGE 70 Years	Months 4	Days 1	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Mr. August Hartman

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Miss Lena Ohman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Robt. Campf (Address) Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/12, 1933

19. UNDERTAKER F. B. Newell (Address) Towsontown Md.

20. FILED 5/12 1933 Huntington Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 7, 1933

I last saw h.C.r. alive on May 7, 1933. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 5 33
Arterio sclerosis heart disease with hypertension	?
Cerebral hemorrhage	May 5 33

Other contributory causes of importance:

Coroner's Attorney

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John M. Glence Jr. M. D.

(Address) Union Mem. Hosp.

D. B. 1268-9

0252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90252

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. 15-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Sneary Force

(a) Residence: No. 3031 Westwood Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----

DATE OF BIRTH (month, day, year) July 2nd 1883

AGE	Years.	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME C. Carrol Force

14. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

15. MAIDEN NAME Annie B. Sneary

16. BIRTHPLACE (city or town) (State or country) Hagerstwon, MD

17. INFORMANT (Address) Mrs Grace Davis 3031 Westwood Ave.,

18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date May 10, 1933

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 1205 N. Patterson Park Ave.

. D. B. 1288-0

0253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 E 90253

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1215 McCulloh St., 11-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank E. Brown

(a) Residence: No. 1215 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth Brown

DATE OF BIRTH (month, day, year): Sept 12-1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ship Bldg

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: Mckinney

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Mckinson

16. BIRTHPLACE (city or town) (State or country): Elizabeth Virginia

17. INFORMANT: Elizabeth Brown

(Address): 1215 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place: Gloucester Point Va Date: May 10, 1933

19. UNDERTAKER: Joseph A Lively

(Address): 1402 W. Mount street

FILED: 5-11-33 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6 D. 1933

22. I HEREBY CERTIFY, That I attended deceased from Frazier, 19

last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Ruptured Splender

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuk, M. D.
Coroner

(Address)

D. B. 1268-9

90254

HEALTH DEPARTMENT—CITY OF BALTIMORE 90254

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH — Pronounced dead at
CITY OF BALTIMORE: (No. Hopkins Hospital St., 8-01 Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — George Leroy Forwood

(a) Residence: No. 1115 N. Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 28 1888 (1888 DS 46)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	89	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Manager Resturant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore., Md.

13. NAME — Wm. A. Forwood

14. BIRTHPLACE (city or town) (State or country) — Harford Co., Md.

15. MAIDEN NAME — Laura E. Houck

16. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

INFORMANT — Laura E. Forwood

(Address) — 1115 N. Gay St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date May 10 1933

UNDERTAKER Henry Lutz

(Address) 203 N Broadway

FILED 1933 Huntington W. Waxter M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocarditis	2-3 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) S. H. Wise M. D.

(Address) 508 E Irvine Ave Coroner

0255 [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 90255

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital 76-01 v. 108 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis L. Drescher

(a) Residence: No. 3314 Fleet St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
One	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME Francis J. Drescher

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Anna Masson

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Francis J. Drescher
(Address) 3314 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 12, 1933

19. UNDERTAKER John A. Connelly
(Address) Essex Md.

FILED MAY 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 - 1933

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1933 to May 9, 1933
I last saw h[illegible] alive on May 9, 1933 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	April 28

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Arthur Robin Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

90256 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90256 E 90256

Registered No. 4491

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Mitchell

(a) Residence (No.) 6 Stemmers Run St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy U. S. Game Warden

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

13. NAME James Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

15. MAIDEN NAME Caroline La Rue

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT (Address) J. Howard Cassady Govs Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 10, 1933

19. UNDERTAKER (Address) Thos G. Connelly Govs Md.

20. FILED MAY 12 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1933, to May 7, 1933

I last saw him alive on May 1, 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cardio Vascular Renal Disease	
Arteriosclerotic gangrene of left leg	
Other contributory causes of importance: Toxemia & Hypostatic Pneumonia	5/3/33

Name of operation Amputation left leg Date of 5/4/33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Martines M. D.

(Address) St. Joseph's Hospital

M. D. B. 1268-9

90257 Fed. 90257 E 90257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrod Fetterhoff

(a) Residence: No. 208 E. St. Sparrows Pt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Fetterhoff

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgiana Frye

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 10, 1933

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED , 19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933 to May 7, 1933

I last saw h alive on May 1, 1933 Death is said to have occurred on the date stated above, at 7:10 Am.

The principal cause of death and related causes of importance were as follows:

Lung Abscess — Date of onset 4/14/33

Other contributory causes of importance:

Bronchiectasis — 1/21/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dan'l E Ruttner, M. D.

(Address) Johns Hopkins Hosp.

90258

HEALTH DEPARTMENT—CITY OF BALTIMORE

90258

CERTIFICATE OF DEATH

M

X 210-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Millard Harrison

(a) Residence: No. 423 F. Street Sparrows Point. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 25, 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman & Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

13. NAME Howard Harrison

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md

15. MAIDEN NAME May Sullivan

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md

17. INFORMANT Howard Harrison

(Address) 423 F St Sparrows Pt.

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford, Talbot Co. Date May 10. 1933

19. UNDERTAKER John G. Connelly

(Address) Essex, Md.

FILED 9 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to May 7 1933

I last saw him alive on May 7 1933 Death is said to have occurred on the date stated above, at 1:20 A m

The principal cause of death and related causes of importance were as follows:

Fractured Cervical Vertebrae — Date of onset 5/7/33

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5/7/1933

Where did injury occur? Wise Ave on Bear Creek Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto he was riding in

Nature of injury Struck a pole

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sokorny Coroner M. D.

(Address) 2203 E. Madison St.

M. D. B. 1268-9

90259
272786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90259

Registered No. 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Polly Rhodes (nee Butts)

(a) Residence: No. 2010 Mt Royal Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-5-04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady 069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

MOTHER FATHER

13. NAME Jonathan Butts

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Martha Suter

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md. Date May 11, 1933

19. UNDERTAKER Fred H. Deaver
(Address) Hagerstown Md.

20. FILED 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933 to May 9, 1933

I last saw her alive on May 9, 1933 Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 1st
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Alan Barnes M. D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—250 Bks.

90260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 90260

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 629 N Calhoun ST. 16-01 WARD)

2-FULL NAME Daniel J. Turner

(a) RESIDENCE NO. 629 N Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced, HUSBAND of ~~or WIFE of~~: Mary C. Turner

DATE OF BIRTH (month, day, and year): Feby 3, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): St. Marys Co Md

10 NAME OF FATHER: Chas Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary Co Md

12 MAIDEN NAME OF MOTHER: Mary Rustus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

Informant (Address): Catherine Saunders 629 N Calhoun

Filed 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9. 1933

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1933 to May 9, 1933.

that I last saw h~~is~~ alive on May 8, 1933

and that death occurred, on the date stated above, at 6. a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr Nephritis

Chr Myocarditis (duration) — yrs. — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Howell M. D.

, 19 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: May 12 19 33

20 UNDERTAKER: James E. Wright

ADDRESS: 100 Lanvale

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90261

CERTIFICATE OF DEATH

93-225

E 90261

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 E Fort Ave St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma V. Bornschlegel

(a) Residence: No. 405 E Fort Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A Bornschlegel

6. DATE OF BIRTH (month, day, year): July 4th 1855

7. AGE: Years 77 | Months 10 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Dr Willis N. Kolb.

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Jane Swason.

16. BIRTHPLACE (city or town) (State or country): West Va.

17. INFORMANT: John A Bornschlegel
(Address): 405 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross a a Co Date 5/10 19 33

19. UNDERTAKER: E & B Harbe
(Address): 115 E West St Huntington West Virginia

20. FILED 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15 1933 to May 7 1933

I last saw h... alive on May 7 1933 Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Arteriosclerosis X Hypertension	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) John A. Schwenck M. D.

(Address) 1337 S. Charles St

M. D. B. 1268-9

90262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90262

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Mc Henry St. 21-21 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John H. Eisge

(a) Residence: No. 731 Mc Henry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian C. Schuerg

6. DATE OF BIRTH (month, day, year) Apr 29/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Eisge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Baehne

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Jane Eisge
(Address) 731 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebron Park Date 5/10/33 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 318 Light St.

20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 6, 1933

I last saw him alive on May 6, 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932
Other contributory causes of importance: Cerebral Hemmorhage	May 5/33
Arteriosclerosis.	

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Erickson, M. D.

(Address) 375 S. Stricker St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90263

CERTIFICATE OF DEATH

46 E 90263

Registered No.

1. PLACE OF DEATH: Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Frank Ridel

(a) Residence: No. 3024 Beverly Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Cath Josephine Ridel

6. DATE OF BIRTH (month, day, year): April 17-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Frank Ridel

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Lutenwood Date May 10 1933

19. UNDERTAKER: Philip Henry
(Address) 2016 Eutaw St

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1933 to May 7 1933

I last saw h[illegible] alive on May 7 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	not known
Intestinal obstruction	4 days
Other contributary causes of importance: pulmonary edema	1 day

Name of operation: Colostomy Date of 5-5-33

What test confirmed diagnosis? oper. Was there an autopsy? none

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Arthur J Siwinski M. D.

(Address) Mercy Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90264

CERTIFICATE OF DEATH

E 90264
Registered No.

186-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5103 Cordelia Ave (Ward) 27-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Howard Jacob.
(a) Residence: No. 5103 Cordelia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male White
5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed or divorced, HUSBAND of (or) WIFE of Ida May Jacob
DATE OF BIRTH (month, day, year) May 14 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United R W.
10. Date deceased last worked at this occupation (month and year) Baltimore
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Wm F. Jacob
13. NAME Baltimore
14. BIRTHPLACE (city or town) (State or country) Louisa Trukenbrod
15. MAIDEN NAME Baltimore
16. BIRTHPLACE (city or town) (State or country) Ida May Jacob
17. INFORMANT (Address) 5103 Cordelia
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 10, 1933
19. UNDERTAKER Mrs. John W. Finkel & Son
(Address) 801 W. Fayette St.
20. FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th 1933
22. I HEREBY CERTIFY, That I attended deceased from May 1933 to May 1933
I last saw h alive on May 1933. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Concussion of Brain	
Fall down steps	
Other contributory causes of importance	

Name of operation Autopsy Date of
What test confirmed diagnosis Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Injury Accident
Where did injury occur? Fall down steps
(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Leik Coroner M. D.
(Address)

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90265

CERTIFICATE OF DEATH

E 90265

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Arnold Loehman

(a) Residence: No. 1712 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 20, ?

7. AGE: Years 65; Months; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: George Loehman

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Relative Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place London Park, Date May 10, 1933

19. UNDERTAKER: John C. Miller
(Address) 2435 E. Eager St.

20. FILED 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932 to May 5, 1933

I last saw him alive on May 2, 1933. Death is said to have occurred on the date stated above at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Other contributory causes of importance: Cerebral Hemiplegia	?

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. P. Magruder, M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

90266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 90266

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 15-61 St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Ralston

(a) Residence: No. 3916 Harrison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15 - 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Archer Ralston

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records (Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 10 1933

19. UNDERTAKER John Cottrell's Sons (Address) 1900 Eutaw Place Huntington Williams, Mgr.

20. FILED 1933 P. O. ?

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933 to May 6, 1933

I last saw h alive on May 1, 1933 Death is said to have occurred on the date stated above, at 1.55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?
Diabetes	?
Other contributory causes of importance: Ulcer on foot (probably diabetic etiology)	6 mos

Name of operation none Date of

What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Arthur G Linnicke M. D.

(Address) Mercy Hospital

M. D. R. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90267

CERTIFICATE OF DEATH

E 90267

94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 East 22nd St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 10 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel H Randall

(a) Residence: No. 13 East 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Roberta Bayly Randall

6. DATE OF BIRTH (month, day, year) June 13 1859

7. AGE Years	Months	Days 26	If LESS than 1 day, ... hrs. or ..... min.
73	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales 043

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Samuel H Randall

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Mary E Owens

16. BIRTHPLACE (city or town) (State or country) A A Co Md.

17. INFORMANT Mrs S H Randall

(Address) 13 E 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 11th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. [illegible] 19[illegible] Wilmore, Ky. Registrar.

1933 H E for Wilmore, Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6th 1933 to May 9th 1933

I last saw ~~him~~ alive on May 9th 1933. Death is said to have occurred on the date stated above, at 4.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 6-30

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Keyser, M. D.

(Address) Wilmore Ky.

M. D. B. 1268-B

E 90268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90268

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2543 Garrett Ave St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie J. Entrikin

(a) Residence: No. 2543 Garrett Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Joseph J. Entrikin

6. DATE OF BIRTH (month, day, year) Feb 24th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Wm S. Sargent

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John J. Entrikin

(Address) 2543 Garrett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 11th 1933

19. UNDERTAKER Wm Cook

(Address) Huntington Pkwy & Kirk Ave

20. Filed 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-4-33, 19..... to 5-8-33, 19.....

I last saw h.. alive on 5-8-33, 19..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	5-3-33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Hullard M. D.

(Address) 2214 Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90269 E 90269

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 Hanover St. 23-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Louisa Campbell

(a) Residence: No. 1644 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Robert E. L. Campbell

6. DATE OF BIRTH (month, day, year) July 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	52	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernhardt Hoeflich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schmitt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert E. L. Campbell
(Address) 1644 Hanover Street

18. BURIAL, CREMATION, OR REMOVAL
Place David Roderick Date May 12, 1933

19. UNDERTAKER A. Edmund Evans
(Address) 22 E Fayette St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933 to May 9, 1933

I last saw her alive on May 9, 1933. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Indefinite
Other contributory causes of importance:	
Acute Dilatation of Heart	1 day

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. L. Lichtenberg, M. D.

(Address) 1 W Madison

H. D. B. 1268-9

90270

HEALTH DEPARTMENT—CITY OF BALTIMORE

90270

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caleb W. Beard

(a) Residence: No. Balto City Hospital St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Beard

DATE OF BIRTH (month, day, year) May 3 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	49		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker Jr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Beard

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Genevieve Baker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard Beard

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date May 10, 1933

19. UNDERTAKER Leo G. Cook

(Address) 1723 N. Patterson Ave.

20. FILED 5 10 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Su Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 1205 N Patterson Park Ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90271 E 90271

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Belvedere Ave 27-01 St., Ward)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua M Shelley

(a) Residence: No. 3321 Belvedere Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca J Shelley

6. DATE OF BIRTH (month, day, year) Mar. 24, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Martin Shelley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Rhoda Griffith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. A. M. Dean
(Address) Cockeysville

18. BURIAL, CREMATION, OR REMOVAL
Place Sunnybrook Date May 12 1933

19. UNDERTAKER Wm. C. Burda Son
(Address) Sparks Md.

SIGNED ..... 19..... Registrar.

MAY TO 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1933, to May 9 1933

I last saw h[illegible] alive on May 28 1933 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Chronic Interstitial Nephritis	1932
Uremia Coma	24 hours
Other contributory causes of importance:	

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. F. Bussey, M. D.

(Address) Texas Md.

D. B. 1268-9

90272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 90272

Registered No. 93-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Williams.(C)

(a) Residence: No. 127 Winter St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) February 23, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Lee Williams.(C)

14. BIRTHPLACE (city or town) (State or country) Texas.

15. MAIDEN NAME Mary Bias.(C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Pauline Frazier.(sister)

(Address) 406 E. Ferrietta St.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson City Date 5/10 19 33

19. UNDERTAKER Walter B Spry & Co.

(Address) 739 William Penn St.

FILED 5 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1933 19

22. I HEREBY CERTIFY, ~~that I attended deceased~~ from ~~, 19~~ to ~~, 19~~ ~~that I last saw~~ alive on ~~, 19~~. Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis due to pistol shot wound of abdomen. Homicide.	4/28/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4/28/33 19

Where did injury occur? Varner & Haines Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home.

Manner of injury Pistol shot wound.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt Coroner, M. D.

5/10/33 (Address) 101 E. Charles St.

H. D. B. 1268-B

90273 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90273

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 S Bond St. 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Hooper

(a) Residence: No. 427 S Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville Md

13. NAME Joseph Hooper

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sadie Kelly
(Address) 1403 Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date 5/12 19 33

19. UNDERTAKER Walter B. Sprigg
(Address) 1331 William Penn St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6:30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
	2 Mos

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bowers M.D. Coroner

(Address) 1203 N Gilmor St

M. D. B. 1268-9

0274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90274

CERTIFICATE OF DEATH

X 49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Park Ave. St., 11-01 Ward)

Length of residence in city or town where death occurred ...yrs. 3 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Zelda M. Hartman.

(a) Residence: No. 365 Lincoln Way, West. St., ... Ward. Chambersburg, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of — None

6. DATE OF BIRTH (month, day, year) October 7, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Bacteriologist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Edenville, Pa.

13. NAME — Daniel Hartman

14. BIRTHPLACE (city or town) (State or country) — Edenville, Pa.

15. MAIDEN NAME — Ellen Sharcher

16. BIRTHPLACE (city or town) (State or country) — Edenville, Pa.

17. INFORMANT — Mrs. Mary C. Shoemaker

(Address) 120 Lincoln Way, Chambersburg Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg, Pa. Date May 10, 19 33

19. UNDERTAKER — Henry W. Measston.

(Address) 805 N. Calvert, St.

20. FILED 01933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 —, 1933, to May 9 —, 1933

I last saw her alive on May 9, 1933. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Uterus abdominal carcinoma, beginning in both ovaries.

Date of onset

Other contributory causes of importance:

Name of operation Hysterectomy double salpingo-oophorectomy Date of Feb 3/33

What test confirmed diagnosis? Microscope. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Dr. Robert B. Cooke, M. D.

(Address) 13 W. Clear St. Chambersburg

M. D. B. 1263-9

90275 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90275

CERTIFICATE OF DEATH

57

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E. Pratt St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Schussele

(a) Residence: No. 1903 E. Pratt St St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The late Mary T. Schussele

6. DATE OF BIRTH (month, day, year) July 6th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Manfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME Conrad C. Schussele

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Antonia Kirchbaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary A. Schussele Daughter
(Address) 1903 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 11 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St

20. FILED May 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27 1933 to May 7 1933

I last saw h alive on May 7 1933. Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cor arthritis	Unknown
2 Senility	
3 Cerebrosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Bernard Lowe M. D.

(Address) 1216 E. Calvert St

pec.—8-16-29—L. F. S.—100 Bks.

276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90276

CERTIFICATE OF DEATH

124-002

1—PLACE OF DEATH 1303 Saratoga St

CITY OF BALTIMORE: (No. Baltimore 4 St. 19-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Walker

(a) RESIDENCE NO. 1303 Saratoga St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Walker

DATE OF BIRTH (month, day, and year) May 2. 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53		6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Post Office Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) U.S.

10 NAME OF FATHER David Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mary E. Walker

(Address) 1303 W. Saratoga St.

MAY 10 1933 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8-33

17 I HEREBY CERTIFY, That I attended deceased from 10-29-32, to 5-8-33, that I last saw him alive on 5-8-33 and that death occurred, on the date stated above, at 3:30 A.M.

The CAUSE OF DEATH* was as follows: Cirrhosis of the Liver (Non-Alcoholic) 1 yr. 6 mos. (duration)

CONTRIBUTORY (Secondary) 1 yr. 6 mos. (duration)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. H. Bartlett, M. D.

19 33 (Address) 524 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetary

DATE OF BURIAL May 11 1933

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90277

CERTIFICATE OF DEATH

E 90277

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 213 W. Biddle St. 11-01 Ward)

Length of residence in city or town where death occurred: 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Loring

(a) Residence: No. 213 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Jan 19-1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boot Black

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Parlor, 18

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 20 Yrs

12. BIRTHPLACE (city or town) (State or country): Phila. Penna.

13. NAME OF FATHER: Clarence Loring Sr

14. BIRTHPLACE (city or town) (State or country): Phila. Penna.

15. MAIDEN NAME OF MOTHER: Georgeana Robinson

16. BIRTHPLACE (city or town) (State or country): Columbia Pa.

17. INFORMANT (Address): 826 Madison

18. BURIAL, CREMATION, OR REMOVAL: National Cem. May 10 1933

19. UNDERTAKER (Address): Bernard P. Hennessy 818 Druid Hill Ave.

20. FILED: MAY 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8 (C.) 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senicide	
Illuminating Gas	
(a)	
(b)	
(c)	

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: May 8 1933

Where did injury occur? 213 W Biddle
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Falck Coroner, M. D.

(Address) Coroner

M. D. B. 1268-9

E 90278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 90278

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James Dobbins

(a) Residence: No. 1527 Argyle ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles H. Dobbins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Helen's Cem Date 1-12 1933

19. UNDERTAKER David Carter

(Address) 916 Ca ve.

1-10 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10 1933 to May 8 1933

I last saw him alive on May 8 1933 Death is said to have occurred on the date stated above, at 3.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stein M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90279

CERTIFICATE OF DEATH

V 176 E 90279

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. ..... St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Darlington

(a) Residence: No. Mills Virginia St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Robert Darlington

6. DATE OF BIRTH (month, day, year) May 27-1876

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edward Joynes

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Lupton (Address) 2925 Pressbury

18. BURIAL, CREMATION, OR REMOVAL Place Mills. Va. Date 5/12, 1933

19. UNDERTAKER I. Few McCully (Address) 130 E. Fayette

Huntington Williams, Inc.

MAY 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933, to May 10, 1933

I last saw her alive on May 10, 1933. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chole d. s/p chole duodenostomy	
choledocholithiasis	
Other contributory causes of importance: surgical shock	

Name of operation Chole duodenostomy Date of 5/4/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George Gordon, M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

90280 HEALTH DEPARTMENT—CITY OF BALTIMORE 90280

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lucy Catitton (Lucy Catitton)

(a) Residence: No. 5316 York Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 27, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Isaac Ress

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Catitton

14. BIRTHPLACE (city or town) (State or country) Laurel Maryland

MOTHER

15. MAIDEN NAME Florence Holloway

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Mrs. Isaac H. Ress

(Address) 5316 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date May 11, 1933

19. UNDERTAKER Joseph H. Cook

(Address) 1002 W. Baltimore St.

20. FILED May 11 1933 Huntington Williams M.D. Registrar.

01533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933 to May 9, 1933

I last saw her alive on May 9, 1933 Death is said to have occurred on the date stated above, at 1 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Fibroids	
Uterine Hemorrhage	April 1933

Other contributory causes of importance:

Secondary Anemia	
Bronchopneumonia	2 days

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Godmery M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

90281

HEALTH DEPARTMENT—CITY OF BALTIMORE 90281

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hosp. St. 12-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia Slaughter

(a) Residence: No. 1600 Carls Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 2, ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45?		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Betsy ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 5/11/33 19

19. UNDERTAKER Mrs. Geo. E. Holland
(Address) 1681 Druid Hill Ave

20. FILED 5 10 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933 to May 7, 1933

I last saw her alive on May 7, 1933 Death is said to have occurred on the date stated above, at 10 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dural endothelioma	1932

Other contributory causes of importance:

Arteriosclerosis	?
Myocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. P. Magee M. D.

(Address) Balt. City Hosp.

M. D. B. 1266-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90282

CERTIFICATE OF DEATH

160 E 90282

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Granby St., 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Female Mazzaferro

(a) Residence: No. 1119 Granby St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 5/6/33

7. AGE — Years: — Months: — Days: 4 5 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

MOTHER

13. NAME: Peter Mazzaferro

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Geneva Paciarelli

16. BIRTHPLACE (city or town) (State or country): Rome, Italy

17. INFORMANT: Peter Mazzaferro

(Address): 1119 Granby St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Paul's Reformed Date: May 10, 1933

19. UNDERTAKER: Wendell J. Diffendal

(Address): 3005 Elm St

20. FILED: MAY 10 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1933 to 5/10, 1933

I last saw her alive on 5/9, 1933 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intrauterine Cerebral Hemorrhage	5/6/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robt. B. Mitchell Jr. M. D.

(Address) 910 W. Lombard St

M. D. B. 1268-9

0283

HEALTH DEPARTMENT—CITY OF BALTIMORE B90283

CERTIFICATE OF DEATH

V 71-002

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis George

(a) Residence: No. 614 N. Bruce St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	4	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward A. George

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Ida B. Shaw

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edward A. George

(Address) 614 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy Redeemer Date May 11, 1933

19. UNDERTAKER Howard A. Gaylord

(Address) 210 Edmondson Ave.

20. FILED 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1933, to 5-9, 1933

I last saw him alive on 5-9, 1933 Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Von Jaksche Anemia	?

Other contributory causes of importance:

None.

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Morris B. Schaeffer M. D.

(Address) Franklin Square Hospital

H. D. B. 1268-9 Rev Hoffman

Dr. Homer L. Gold

E 90284

90284 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

735 N. Fulton Ave

CERTIFICATE OF DEATH

50 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 N. Smallwood St., 20-81 Ward)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy P. Watts

(a) Residence: No. 2130 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced (or) WIFE of Wm J. Watts

7. DATE OF BIRTH (month, day, year) March 8 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Eugene Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Maria Brooks Watts

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm. J. Watts

(Address) 2130 N. Smallwood

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Mem't V. 1933

19. UNDERTAKER J. M. Rawlins

(Address) 2235 W. Mad. St.

20. FILED 5-10-1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1929 to May 8 1933

I last saw her alive on May 5. 1933 Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1929
Metastasis to bones of pelvis - Legs & Arms	1931

Other contributory causes of importance:

Name of operation Breast amp. Date of 1929

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer L. Gold M. D.

(Address) 735 N. Fulton Ave

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90285 E 90285

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Mantz

(a) Residence: No. 505 E 21st St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Mantz

6. DATE OF BIRTH (month, day, year) April 20 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Dougherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Marion McHugh

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Notre Dame Cemetery Date May 12 1933

19. UNDERTAKER Chas. F. Priester Son
(Address) 118 W. Mt. Royal Ave

Huntington Williams M.D.
Registrar.

FILED 01933 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/20, 1933, to 5/8, 1933

I last saw her alive on 5/8, 1933. Death is said to have occurred on the date stated above, at 6.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	2
Other contributory causes of importance: Intestinal Obstruction	2

Name of operation Laparotomy & colostomy Date of 5/6/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Gardner M. D.

(Address) Mercy Hospital

M. D. B. 1268-B

E 90286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

E 90286

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Argyle St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Dredden

(a) Residence: No. 1537 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Dredden

6. DATE OF BIRTH (month, day, year) Dec 9 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER FATHER

13. NAME Alexander Dredden

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Helen Anderson

16. BIRTHPLACE (city or town) (State or country) Phila Pa.

17. INFORMANT Marion Dredden

(Address) 1537 Argyle ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 5-10-33

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

07933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1933 to 5/10, 1933

I last saw h[illegible] alive on 5/9, 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 5/8/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Jackson M. D.

(Address) 60 N. Arlington Ave

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90287

90287

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Joseph V. Hennessy.

(a) Residence: No. Buffalo. N Y St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 10. 1875

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	57	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Martin Hennessy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Brody

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mt Hope Records
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Buffalo, N. Y. Date May 10/33

19. UNDERTAKER Stewart & Brown Company
(Address) 108 W. North Avenue

Registrar.

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to May 9 1933

I last saw him alive on May 9 1933 Death is said to have occurred on the date stated above, at 4.50 P. m.

The principal cause of death and related causes of importance were as follows:

Uremic Paresthesia — Date of onset Unknown
Nephritis — about 20.
Dropsy

Other contributory causes of importance:

Paranoid Dementia — 1917

Name of operation None Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hill M. D.

(Address) Mt Hope Retreat.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90288

CERTIFICATE OF DEATH

E 90288

Registered No. 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 N. Hilton St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie A. Hackett

(a) Residence: No. 628 N. Hilton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George B. Hackett

6. DATE OF BIRTH (month, day, year) Jan. 5. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) M. Y.

FATHER

13. NAME Alfonso Hubbard.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amanda Boyer.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT George B. Hackett
(Address) 628 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May 11. 1933

19. UNDERTAKER Mrs. Mrs. John W. Tuffel & Son
(Address) 801 W. Fayette St.

..... 19.... Registrar.

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1932 to May 8. 1933

I last saw h.er alive on May 7. 1933 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1932
Arthritis (poly)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer L. Dodd, M. D.

(Address) 735 N. Fulton Ave.

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90289

CERTIFICATE OF DEATH

E 90289

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N. Belnord Ave St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Leroy Gerlach

(a) Residence: No. 527 N. Belnord Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 20/33

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Harold W. Gerlach

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Grace Reier

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Grace Reier Gerlach

(Address) 527 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date May 11, 1933

19. UNDERTAKER Wm. F. Miller & Son

(Address) 2332 Jefferson St.

FILED 01933 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart — Date of onset

Other contributory causes of importance:

Prematurity

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John [illegible] M. D.

Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90290

CERTIFICATE OF DEATH

E 90290

82-984

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2634 Colds spruce Lane (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ida Underwood

(a) Residence: No. 2634 Colds spruce Lane Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1-19-69

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lelia Hunter

(Address) 2502 Ashburton ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 11 1933

19. UNDERTAKER Harry H Wilkes

(Address) 4101 Edmondson ave

01933 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9-33

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 Death is said

I last saw h alive on , 19 to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Data of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John J Moriarty Coroner M. D.

(Address)

M. D. B. 1268-9

90291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90291

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 17-21 Ward)

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Beckman

(a) Residence: No. 3140 E Federal St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-10-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1 hour & five minutes			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Daniel A. Beckman,

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Martha Kina

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Daniel A. Beckman,
(Address) 3140 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date May 11, 1933

19. UNDERTAKER Elmer R. Conklin,
(Address) 921 E. Eager St.

Huntington Williams M.D.
Registrar.

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to May 10, 1933

I last saw h alive on May 10, 1933. Death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 34 Cm long & not fully developed to term.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. Alfred Vondrasek M. D.

(Address) St Agnes Hos

M. D. B. 1268-9

90292 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90292

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3434 Virginia Ave 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Monroe M Seltzer

(a) Residence: No. 3434 Virginia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma C Seltzer

6. DATE OF BIRTH (month, day, year): Sept 14, 1860

7. AGE: Years 72 | Months 7 | Days 26 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Emmitsburg Md

FATHER

13. NAME: William Lonsinger

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Cecilia Tyson

16. BIRTHPLACE (city or town) (State or country): Emmitsburg Md

17. INFORMANT: Mrs Jesse Rust

(Address) 3434 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 12 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 11 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1933 to May 10 1933

I last saw h[illegible] alive on May 9 1933 Death is said to have occurred on the date stated above, at 3:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Femoral Artery right leg	Feb 20 1933
Gangrene of right leg	

Other contributory causes of importance:

Name of operation (Natural gangrene of leg) Date of

What test confirmed diagnosis: Clinical Sign nutopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Charles E. Clark M. D.

(Address) 3222 Pedmont Ave

M. D. B. 1268-B

90293 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90293

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 S Fulton Ave St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Mary Foet

(a) Residence: No. 45 S Fulton Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry A Foet

14. BIRTHPLACE (city or town) (State or country) Fort Norfolk Va

MOTHER

15. MAIDEN NAME Elizabeth Cotser

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry A Foet
(Address) 45 S Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 13th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED May 14 1933 Fees ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 3rd, 1933 to May 10, 1933

I last saw her alive on May 10, 1933 Death is said to have occurred on the date stated above, at 9:55 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Nephritis	?
Hypocandritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) R Heller Hennig M. D.

5/10/33 (Address) 2000 Hallows

M. D. B. 1208-9

✓ E 90294

90294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 E. 20th St., 9-W Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Edana Dietz

(a) Residence: No. 526 E. 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of A. LeRoy Dietz

6. DATE OF BIRTH (month, day, year) Feb 8th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Thomas Nash

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Catherine J. ?

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT A. LeRoy Dietz

(Address) 526 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine - Date May 12th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED ... 19 ... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 1926 to 5/9 1933

I last saw h[illegible] alive on 5/9 1933. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	Gradual for years
Coma	last 24 hrs

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Stewart M. D.

(Address) 1403 Park Ave

✓ E 90295

M. D. B. 1268-9

90295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Decamp Rd St. 12-01 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie E. Willis

(a) Residence: No. 313 Decamp Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edgar M. Willis

6. DATE OF BIRTH (month, day, year) Mar 22, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belle Haven Va

FATHER

13. NAME Alexander J. Ward

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Peggy E. Nottingham

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. Leo E. Willis

(Address) 3226 Carlisle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 12 1933

19. UNDERTAKER (Wm. Wreckner Sons)

(Address) North & Pennsylvania Ave

20. FILED MAY 11 1933 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to May 9, 1933

I last saw her alive on May 8, 1933 Death is said to have occurred on the date stated above, at 6.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	about 2 yrs.

Other contributory causes of importance:

Fecal carcinomatosis	6 mos

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward L. Warner M. D.

(Address) 2604 Garrison Blvd.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90296

90296

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 E Biddle St. 8-01 Ward)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J BLIGHT

(a) Residence: No. 1709 E Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Clara V Blight St

7. DATE OF BIRTH (month, day, year) June 24 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tools

10. Date deceased last worked at this occupation (month and year) April 6

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Robert Blight

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Julia Klein

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Clara V Blight St

(Address) 1709 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 16, 1933

19. UNDERTAKER John F Denny

(Address) 710 Light St

19. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1933, to May 8, 1933

I last saw him alive on May 8, 1933. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

Bright's Disease — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D.

(Address) 1879 St Paul St

H. D. B. 1268-9

0297 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 20297

CERTIFICATE OF DEATH

Registered No. 49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Bettie C. Broach

(a) Residence: No. 2514 James St., Monell Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John E. Broach

DATE OF BIRTH (month, day, year) Dec 16 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Levi Gibson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Jeffries

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT John E. Broach

(Address) 2514 James St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date May 12, 1933

19. UNDERTAKER John F. Denny

(Address) 712 Light St

20. FILED [illegible], 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1933, to May 9, 1933.

I last saw her alive on May 9, 1933. Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	May 6/33
Papillo cystadenocarcinoma of Ovary	?

Other contributory causes of Importance:

Name of operation Exploratory laparotomy Palliative Puncture Date of Apr 27/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gerald H Jordan, M. D.

(Address) Church Home and Inf

M. D. B. 1268-9

Dr Weiss 2902 Huntingdon Ave ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

90298 E 90298

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Hampden Ave 12-5 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara M. Butcher

(a) Residence: No. 2627 Hampden Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed~~ or Divorced (write the word)
Female	White	Divorced

6a. If ~~married, widowed~~ or divorced (or) WIFE of Clarence Butcher

6. DATE OF BIRTH (month, day, year) Jan 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME John Doe

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME ? ? Brotherton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Geo. Wills

(Address) 2621 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Perryville Md Date 5/11 19 33

19. UNDERTAKER Offutt & Co

(Address) 1217 E Fayette St

20. FILED 5 11 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to May 10 1933

I last saw her alive on May 10, 1933. Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1931
Cerebral Hemorrhage	5/10/33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Aaron Weiss, M. D.

(Address) 2902 Huntington Ave

M. D. B. 1268-9

E 90299

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90299

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 W Fayette St. 19-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar F. Firestone

(a) Residence: No. 1711 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Fannie S. Firestone

6. DATE OF BIRTH (month, day, year) February 1852.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Frederick Firestone.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Rebecca Whitler

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Fannie S Firestone

(Address) 1711 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Fred Md. Date 5/12/ 19 33

19. UNDERTAKER John F Cowan & Son

(Address) 901 Fallsway St.

20. FILED MAY 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/ 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2 1933 to May 10 1933

I last saw him alive on May 9 1933 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1930
Arteriosclerosis	

Other contributory causes of importance:

Acute Myocarditis	4/2/33

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ... 19...

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary Neill M. D.

(Address) 1081 N. Fulton Ave

H. D. B. 1268-9

E 90300

90300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-01 Ward)

Length of residence in city or town where death occurred 12 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Dockins

(a) Residence: No. 1039 W. Stiles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Dockins

DATE OF BIRTH (month, day, year) Nov. 20-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Cas. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Dockins

(Address) 1039 W. Stiles St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Harford Co. Md.

Place Tabernacle Cem. Date 5/11 1933

19. UNDERTAKER Samuel T. Hensley

(Address) 578 W. Baltimore St. Huntington Wallace Ave. Registrar.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8-1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	5/5/33

Other contributory causes of importance:

Subarachnoid Hemorrhage Cerebral Concussion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-5 1933

Where did injury occur? 12 to 11 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Md. Cas. Co. Balto. Md.

Manner of injury Fell striking head on floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edgar Tillet M. D.

Coroner

(Address) 1034 Eastern Ave.

M. D. B. 1265-A

E 90301

Dr Daniel H. Iver near Catonsville ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90301

50

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Bayard St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Augusta Gill

(a) Residence: No. 1115 Bayard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Gill

6. DATE OF BIRTH (month, day, year) March 1-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	2	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William F. Feulner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lena Hopkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT John M. Gill

(Address) 1115 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 13. 1933

19. UNDERTAKER Joseph Syfer

(Address) 1201 W. Lexington St.

20. FILED 5/11 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10. 1933

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from June 1st 1932 to May 10th 1933

I last saw her alive on May 9th 1933. Death is said to have occurred on the date stated above, at 12-20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast with generalized metastasis	

Other contributory causes of importance:

Name of operation Breast removed in July 1932 Date of July 1932

What test confirmed diagnosis Section reported Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harry Feibel M. D.

5/11/33 (Address) 124 So Howard St

AaCo. 5-31 250B

90302

HEALTH DEPARTMENT—CITY OF BALTIMORE

90302

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto General Hospital) (Ward) 16-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence C. Kendall

(a) Residence: No. 3114 Belmont Av St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Eulah I Kendall

6. DATE OF BIRTH (month, day, year) Sept 17 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	58	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sergt Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Eulah Kendall
(Address) 3114 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date 5/11 1933

19. UNDERTAKER Enoch G Fegley
(Address) Fulton & Laynes

Filed ... 19 ... Registrar

MAY 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1933 to 5/9 1933

I last saw h[im] alive on 5/9 1933 death is said to have occurred on the date stated above, at 1.25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/4/33

Other contributory causes of importance:
Arteriosclerosis
Chronic Myocarditis
Terminal Bronchopneumonia

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edgar Muller, M. D.

(Address) So Baltimore General Hosp.

Spec.—1-10-21—M&T—1500 Blks.

E 90303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90303

93-001

CERTIFICATE OF DEATH.

REGISTERED NO. 93-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1822 Penrose Ave ST. (WARD)

2-FULL NAME Mary A Murk

(a) RESIDENCE NO. 1822 Penrose Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced [redacted] of (or) WIFE of: John A. Murk

6 DATE OF BIRTH (month, day, and year): June 8, 1850

7 AGE — Years: 82 — Months: 11 — Days: 1 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Michael Blum

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margt Hoffman

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): John A Murk 1822 Penrose Ave

15 [illegible] Huntington Ave

MAY 11 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 1933

17 I HEREBY CERTIFY, That I attended deceased from April 23. 1933. to May 9. 1933.

that I last saw her alive on May 9. 1933.

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Arterio-Sclerosis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. A. O'Neill M. D.

5/10, 1933 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 5/11 1933

20 UNDERTAKER: George A Tarey — ADDRESS: Fulton & Fayette

No 90304

HEALTH DEPARTMENT—CITY OF BALTIMORE

No 90304

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Baltimore St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Violet Rogers

(a) Residence: No. 230 S. Bunlden St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Rogers

6. DATE OF BIRTH (month, day, year) May 6, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Henry Hampshire

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Nelson

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Joseph H. Rogers

(Address) 230 S. Bunlden St

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem Date May 13, 19 33

19. UNDERTAKER C. J. Wm. & Son

(Address) 1 E. Baltimore St

20. FILED MAY 13 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933 to May 10, 1933

last saw h.e alive on May 10, 1933 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 days.

Other contributory causes of importance:

Hypertensive C. V. Renal Disease

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Archie Rabt Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-0

90305 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90305

CERTIFICATE OF DEATH

4154 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Robert St. 14-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 12 ds.

2. FULL NAME Baby Girl Holt

(a) Residence: No. 520 Robert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/10/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Baker Holt

14. BIRTHPLACE (city or town) (State or country) Northampton Va

MOTHER

15. MAIDEN NAME Earline Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Earline Holt

(Address) 520 Baker

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 11 1933

19. UNDERTAKER

(Address)

20. FILED 19 Registrar

MAY 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to 19

I last saw her alive on May 10, 1933. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Alexander Morey M. D.

(Address) 1516 Madison Ave

D. H. 1268-B

90306

HEALTH DEPARTMENT—CITY OF BALTIMORE

90306

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 906 Whitelock St. 2-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
(Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Girieno Bassano

(a) Residence: No. 1636 Thames St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced (Write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Uncertain

AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Paul Bastiman
(Address) 1636 Thames

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Date May 2 1933

19. UNDERTAKER Frezzagunda
(Address) 1900 Eastern Ave

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1933

22. I HEREBY CERTIFY, That I attended deceased (from) to 19
I last saw h alive on Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sudden

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Were an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Blair Klunk M. D.
Coroner
(Address) Coroner

M. D. B. 1265-9

ME 90307

HEALTH DEPARTMENT—CITY OF BALTIMORE

90307

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (St.) (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Matuk

(a) Residence: No. 518 S Regester St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Matuk

DATE OF BIRTH (month, day, year) July 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Ludwig Matuk

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alice Matuk
(Address) 518 S Regester St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 12. 1933

19. UNDERTAKER F. W. Cazzaniti
(Address) 1900 Eastern Ave

FILED MAY 11 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9.0 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May . 19 . to . 19

I last saw h alive on May . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Bladder & Spleen	5/8/33
Automobile Accident	5/8/33

Other contributory causes of importance:

Name of operation Laparotomy Date of 5/9/33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/8 . 1933

Where did injury occur? Camp Meade Rd nr Dorsey Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident (Anne Arundel Co)

Manner of injury Auto in which he was riding

Nature of injury Ran off road & hit a tree.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sloan M. D.

(Address) 2200 E Madison St Coroner

M. D. P. 1336-A

90308

HEALTH DEPARTMENT—CITY OF BALTIMORE

90308

272704

CERTIFICATE OF DEATH

V 112

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26-ab Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Vincent Colandi

(a) Residence: No. 4310 Springwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (Grimi)

6. DATE OF BIRTH (month, day, year) 3/2/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominick Colandi

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Rosina Colandi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Loch Raven Date 5/13/33 19..

19. UNDERTAKER ..... (Address) ..... Thompson Funeral Home

20. FILED 5/11/1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7th, 1933, to May 10th, 1933

I last saw him alive on May 10th, 1933. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	5-6-33
Cardio respiratory collapse	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? uncertain If so, specify? .....

(Signed) Blanchard Feldman M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-b

90309 HEALTH DEPARTMENT—CITY OF BALTIMORE 90309

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Baby Girl Ruth

(a) Residence: No. 4447 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 7/33

8. AGE — Years: ... Months: ... Days: 3 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph Ruth

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mildred [illegible] Kane

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Bath Date May 11 1933

19. UNDERTAKER [illegible]
(Address) 3001 Kentucky ave

[illegible] 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~May 10/33~~ May 11/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to 19

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage disease of new born

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Bouton M. D.
Coroner

(Address) 506 E Mt. Royal ave

M. D. B. 1268-9

90310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90310

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 124-001 Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md. St. No. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Giovanne (Joseph Giannone (

(a) Residence: No. 49 ½ 3 Eastern avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Giocondina Giannone Giocondina

6. DATE OF BIRTH (month, day, year) September 14, 1887 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor None 03d

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) Dec. 28, 1932

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Montella Italy

FATHER

13. NAME Generoso Giannone

14. BIRTHPLACE (city or town) (State or country) Montella Italy

MOTHER

15. MAIDEN NAME Maria Varallo

16. BIRTHPLACE (city or town) (State or country) Montella Italy

17. INFORMANT Mr. Gerard Giannone, Jr.
(Address) 4923 Eastern ave. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Norristown, Pa. Date May 11 1933

19. UNDERTAKER [illegible]
(Address) 1003 W. Baltimore St.

20. FILED [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10 33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1932 to 5-10 1933

I last saw him alive on 5-10 1933 Death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver alcoholic	12-1-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-11-33 (Signed) Edwin Heisberger, Jr. M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90311 E 90311

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto. md St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Czapkiewicz

(a) Residence: No. 142 E. Read St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Thomas —

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Constance Rajtak

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Pauls Reformed Date May 12 1933

19. UNDERTAKER Kendell J. Diffel
(Address) 300 S. Eden St.

20. FILED Huntington Williams, Registrar.
11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10-33

22. I HEREBY CERTIFY, That I attended deceased from 5-1-33 to 5-10-33

I last saw him alive on 5-10-33 Death is said to have occurred on the date stated above, 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?
arteriosclerosis general	?

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-10-33 (Signed) Chas. Heidberger M. D.

(Address) Balto. City Hospitals.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90312

CERTIFICATE OF DEATH

E 90312

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 E. Fairmount Ave 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Klima

(a) Residence: No. 2322 E. Fairmonnt Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Klima

DATE OF BIRTH (month, day, year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Formerly Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME John Klima

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Marie Sulc

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Klima
(Address) 2322 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross 46 Date May 12 1933

19. UNDERTAKER Frank Burkhardt
(Address) 1406 Linden Ave

FILED MAY 11 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.10 m. A.M.

The principal cause of death and related causes of importance were as follows: Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance: Odema Lungs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Prunn Coroner M. D.

(Address) 508 E Fayette

Spec.—9-30—A. & Co.—250 Blks.

E 90313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90313

CERTIFICATE OF DEATH.

93-003
REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 Edmondson Ave WARD 16-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Frances Wilson

(a) RESIDENCE NO. (Usual place of abode) 2438 Edmondson Ave ST WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 ~~Single~~ Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Willard H. Wilson

6 DATE OF BIRTH (month, day, and year): Jan 24-1854

7 AGE: Years 79 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Samuel Boarman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Talbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Willard H Wilson 2438 Edmondson Ave

15 1933 Huntington Williams N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1933

17

I HEREBY CERTIFY, That I attended deceased from Apr 16, 1930, to May 11, 1933

that I last saw h~~e~~r alive on May 10, 1933

and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. E. W. Talbott M. D.

7/11, 1933 (Address) 2026 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: May 15-1933

20 UNDERTAKER: Redmans & Co

ADDRESS: 2324 Eutaw St.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90314 | E 90314

CERTIFICATE OF DEATH

46

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Ravenswood Ave ST., 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Mackenthiem

(a) RESIDENCE NO. 3218 Ravenswood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Wh	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day and year) May 27 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Factory

(b) General nature of industry, business, or establishment in which employed (or employer) Manhattan Shoe Co

(c) Name of employer Monohon Shoe Co

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Nellie McEwen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Cyril P. Neser

(Address) 3218 Ravenswood Ave

15 Filed 1933 18 Huntington Williams, N.J. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1933

17 I HEREBY CERTIFY, That I attended deceased from Apl 24, 1933, to May 10, 1933, that I last saw her alive on May 9, 1933 and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Norwood, M. D.

May 10 19 34 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL May 13 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St.

M. D. B. 1203-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90315 CERTIFICATE OF DEATH E 90315

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 137

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Allisi

(a) Residence: (No. (No Home) Baltimore City Hospitals St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Allisi

6. DATE OF BIRTH (month, day, year): Oct. 16, 1856 (76)

7. AGE: Years 76 | Months 6 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Salvatore Allisi

14. BIRTHPLACE (city or town) (State or country): Ireland Italy

MOTHER

15. MAIDEN NAME: Mary Talbot

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: May 12th, 1933

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St.

20. FILED: 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 10, 1933

I last saw ... alive on May 9, 1933 Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows: Hypertrophy prostate — Date of onset ?

Other contributory causes of importance: Urinary Retention Chronic Senility — 5/8/33 ?

Name of operation: None Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Bruce Schaefer M. D.

(Address) Balto City Hospitals

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90316

CERTIFICATE OF DEATH

46 E 90316

1. PLACE OF DEATH Maryland General Hospital

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bella May Jones

(a) Residence: No. 206 East Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ (or) WIFE of Chas Wm Jones

6. DATE OF BIRTH (month, day, year) May 4 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

FATHER

13. NAME James Dallas Stewart
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Hannah Sharp
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Paul Wm Jones
(Address) 206 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Park Date May 12 1933

19. UNDERTAKER Wm Cook
(Address) 617 St Paul St

20. FILED 5 11 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1933 to 5/10 1933

I last saw her alive on 5/10 1933 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Gall Bladder into intestines	
Other contributory causes of importance: Carcinoma of head of Pancreas.	

Name of operation Cholecystoduodenostomy Date of 5/4/33

What test confirmed diagnosis? Oper Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Thayer M. D.
(Address) Bd. Gen. Hospital

M. D. B. 1288-9

90317

E 90317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. / St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lela Satchell

(a) Residence: No. 797 Walpole St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Satchell

6. DATE OF BIRTH (month, day, year) Sept 1, 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cults, Md

FATHER

13. NAME Charles E Dorsey

14. BIRTHPLACE (city or town) (State or country) Balto Co., Md

MOTHER

15. MAIDEN NAME Saddie Murray

16. BIRTHPLACE (city or town) (State or country) Balto Co., Md

17. INFORMANT Husband

(Address) 141 Walpole St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date May 14, 1933

19. UNDERTAKER E Roy Oliver

(Address) 600 Pennsylvania Ave

21 [illegible] 12 1933 Hamilton Baltimore, Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 11, 1933

I last saw h[illegible] alive on May 10, 1933. Death is said to have occurred on the date stated above, at 6 35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Meningitis (tuberculous)	May 9

Other contributory causes of importance:

Pregnancy 4 mo 1933

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Bolton M. D.

(Address) Sydenham Hospital

M. D. B. 1304

E 90318

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 90318

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 53

CITY OF BALTIMORE: (No. 1512 N. Eutaw St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Taylor

(a) Residence: No. 17 Dobbs Ct St., 17 Ward. Urban Court

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work at all times

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Elsa Best

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Julian Parran

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Rosa Wiggins

(Address) 1506 Hanlon ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 12 1933

19. UNDERTAKER Samuel N. Chase & Son

(Address) 638 N. Eutaw St

20. FILED MAY 12 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/33 19

22. I HEREBY CERTIFY, That I attended deceased from May 17 1933 to May 10 1933

I last saw her alive on 5/10 1933 Death is said to have occurred on the date stated above, at 5:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 days
& Pulmonary Edema	

Other contributory causes of importance:

Metastasis Hemorrhage	10 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Boykin M. D.

(Address) 1512 Eutaw

M. D. B. 1268-9

✓ E 90319

E 90319 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

Registered No. 13501

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 40 yrs. ---mos---ds. How long in U. S. If of foreign birth 40 yrs. ---mos---ds.

2. FULL NAME Benno W. Hummel.

(a) Residence: No. Lake Drive Apartments. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of XXXXXXXXX Rose Hummel.

6. DATE OF BIRTH (month, day, year) March 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer's Agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Mills.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Henry Hummel.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Fannie Ellinger.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Gilbert Rosenauer. (brotherinlaw)
(Address) 4511 Kateland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Bucks. Meh. Co. Date May 12 1933

19. UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED [illegible] 19— Registrar

121933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ---, 19--- to ---, 19---

I ---saw--- ---last--- ---alive--- ---on--- ---; Death is said to have occurred on the date stated above, at 2. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of the right temple. Suicide.	5/10/33

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/10/33 19
Where did injury occur? B. & O. R. R. tracks near Pennington Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Out doors.
Manner of injury Pistol shot.
Nature of injury Suicide.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.
5/11/33 (Address) 1017 N. Charles St.

Spec.—9-30—A. & Co.—250 Bks

90320

E 90320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-41 WARD)

2. FULL NAME Lucy Harwood Harrison.

(a) RESIDENCE NO. Home for Incurables ST. WARD
(Usual place of abode) If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Copyist

(b) General nature of industry, business, or establishment in which employed (or employer) Maryland Historical Society

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Benjamin Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co., Md.

12 MAIDEN NAME OF MOTHER Anne Caroline Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Md.

14 Informant (Address) Hospital Records 40th & Warwick Rd

15 Filed 12 1933 19 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 - 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1933, to May 10, 1933

that I last saw her alive on May 10, 1933

and that death occurred, on the date stated above, at 12½ P m.

The CAUSE OF DEATH* was as follows:

Accidental fracture of femur (neck)

(duration) — yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. W. Mayo M. D.

5/11, 1933 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: May 13 1933

20 UNDERTAKER: Wm. J. Tucker & Son — ADDRESS: North & Pr

AACo. 5-11 2500

90321 HEALTH DEPARTMENT—CITY OF BALTIMORE 90321

CERTIFICATE OF DEATH

51

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 S. Hanover St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds. Unknown

2. FULL NAME Eric Rochester — better known as Edgar Rogers

(a) Residence: No. 803 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs
10. Date deceased last worked at this occupation (month and year) December 1932
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Chesterton Md.

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Unknown
(Address) 803 S. Hanover

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 5/15/ 1933

19. UNDERTAKER Walter B. Griggs
(Address) 834 W. Hamburg St.

20. FILED 12-1933, 19 ... Registrar. Huntington Terrace, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1932 to May 10, 1933
I last saw h[illegible] alive on May 9, 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Penis.	Uncertain

Other contributory causes of importance:

Epithelioma of Oesophagus	Feb. 1933

Name of operation None Date of ...
What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Timothy Lane M. D.
(Address) 615 N. Paca St.

M. D. B. 1268-9

0322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90322

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 Mc Henry St. 21-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Stewart

(a) Residence: No. 736 Mc Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur B Stewart

6. DATE OF BIRTH (month, day, year) Unknown. 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Adams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Arthur B Stewart

(Address) 736 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date 5/13/ 1933

19. UNDERTAKER John F Cowan & Son

(Address) 916 Baltimore St.

20. FILED MAY 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11/ 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1933 to May 11, 1933.

I last saw h[illegible] alive on May 10 1933. Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	April 29 1933.

Other contributory causes of importance:

Arterio sclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C Morley Stoag M. D.

(Address) 729 Park. Blvd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90323

CERTIFICATE OF DEATH

23 E 90323

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1441 N. Parrish (Ward) 15-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gus. Eugenus

(a) Residence: No. 1441 N. Parrish Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 15 1888

AGE: Years 44 Months 11 Days 13 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) Do

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Do Do

13. NAME Jas Eugenus

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maria Gibson

16. BIRTHPLACE (city or town) (State or country) Va Gilbert

17. INFORMANT Lucien Corbin

(Address) 1351 N. Carey

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Ford Date May 1st 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28 1933

I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage

Sudden

Date of onset ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was examination autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. L. Luck N.P. Coroner, M. D.

(Address) ...

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90324

90324

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Yard - 608 S. Greene St Ward) 01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Fosters

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 12, 1933

19. UNDERTAKER

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 33

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Feller M. D.
Coroner.
(Address) 27 E Eastern Ave

M. D. B. 1268-9

Morton H. Caplan ✓

E 90325 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90325

CERTIFICATE OF DEATH

89-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Morton Hubert Caplan

(a) Residence: No. 106 Spaulding Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 22-1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8		20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Daniel Caplan

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Retta Silverman

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Daniel Caplan

(Address) 106 Spaulding

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friends Date 5-12- 1933

19. UNDERTAKER Jack Levin Inc

(Address) 1739 E. Balto St

20. FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to May 12 1933

I last saw h in alive on May 12 1933 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral otitis media	
Bilateral mastoiditis	
Meningitis streptococcic	

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 5/4/33

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 90326 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90326

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 651 W. Lee St., 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Albert Smith -

(a) Residence: No. 651 W Lee St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ruth Smith

6. DATE OF BIRTH (month, day, year): Nov. 13 - 1892

7. AGE: Years 40 | Months 5 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Union Gas Company

10. Date deceased last worked at this occupation (month and year): 5/14/33

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Smith -

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Ellen Thomas

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ruth Smith -
(Address) 651 W Lee

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Calvary Date May 13, 1933

19. UNDERTAKER: Jesse H. Redden
(Address) 436 N. Eutaw St.

20. FILED ... 1933 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1933 to 5/10, 1933

I last saw him alive on 5/10, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	5/4/33

Other contributory causes of importance:

None -

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) David Driscoll M. D.

(Address) 1727 N Lee

M. D. H. 1268-9

E 90327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90327

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-06 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jefferson Chesney

(a) Residence: No. 1500 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Unknown maried

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Chesney

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland (Md) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h ... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. T. Bullock Coroner, M. D.

(Address) Forest Park

M. D. B. 1268-2

90328 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 90328

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Price

(a) Residence: No. 125 Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Domestic 0 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

FATHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19..

19. UNDERTAKER ...
(Address)

20. FILED ... 19..

12 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 3.30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Syphillitic Aortitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. T. O'Reilly Coroner, M. D.

(Address) 1-16 E Lombard

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90329 E 90329

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Elkins Lane St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret L. Phillips

(a) Residence: No. 1612 Elkins Lane St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Phillips

6. DATE OF BIRTH (month, day, year) March 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Stumpf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wilbert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John A. Phillips

(Address) 1612 Elkins Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 16, 1933

19. UNDERTAKER A. Howard Evans

(Address) 22 E Fort Ave

20. FILED 2 1933 Huntington Williams [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1932 to 5/11, 1933

I last saw her alive on 5/11/33, 19 .... Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Nephritis	

Other contributory causes of importance:

Chronic Hypertension	
Diabetes Mellitus	

Name of operation non Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James Brown M. D.

(Address) 705 Medical Arts

Spec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90330

0330

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 12 E. Eager St ST. 27-ab WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel House

(a) RESIDENCE NO. 2219 Sulgrave Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Beulah Thompson

DATE OF BIRTH (month, day, and year): Sept 27. 1884

AGE: Years 48 Months 7 Days 18

If LESS than 1 day, hrs. or min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Freight Traffic Mgr

(b) General nature of Industry, business, or establishment in which employed (or employer): B&O. R.R.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Franklin Tenn

10 NAME OF FATHER: Wm. House

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tenn.

12 MAIDEN NAME OF MOTHER: Ophelia Hood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Tenn

14 Informant: Mrs. Mary E. House

(Address) 2219 Sulgrave Ave

15 Filed 2 1933, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-11 1933

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1920, to May 11, 1933,

that I last saw h[illegible] alive on May 11, 1933,

and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Sudden death

Coronary thrombosis

or angina pectoris

(duration) yrs. mos. da. Complaint

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms only

(Signed) P.O.P. 1920 John A. Luetscher, M. D.

May 11, 1933 (Address) 1 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: May 12 1933

20 UNDERTAKER: [illegible]

ADDRESS: Place

M. D. B. 1263-0

90331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90331

CERTIFICATE OF DEATH

V 122-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Mary Frances Darlington

(a) Residence: No. Mercy Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) (9/12/1880)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 65

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME John Darlington

14. BIRTHPLACE (city or town) (State or country) Westchester Pa

MOTHER

15. MAIDEN NAME Josephine Simms

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. St. Agnes Cem. Mt. Wash. 5/13. 1933

19. UNDERTAKER George A. Fuglar
(Address) Fielding & Hamilton
Huntington Williams, N.Y.

20. FILED 5/13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1931 to May 11 . 1933

I last saw her alive on 5/11/33 . 19 Death is said to have occurred on the date stated above, at 12 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction - P. O.	3 Days
- Hernia	

Other contributory causes of importance:

Acidosis

Name of operation Exploratory Laparotomy Date of 4/29/33

What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Raymond F. Steelsmith . M. D.

(Address) Mercy Hospital

M. D. B. 1265-9

90332

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90332

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gail Hospital 6-81 (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Avalona Kendrick

(a) Residence: No. 803 N. Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): June 13th 1892

7. AGE: Years 40 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher 06

9. Industry or business in which work was done, as silk, saw mill, bank, etc.: Balto City School

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Charlotte N.C.

MOTHER FATHER

13. NAME: Sylvanus Kendrick

14. BIRTHPLACE (city or town) (State or country): Chester S.C.

15. MAIDEN NAME: Fannie A. Holder

16. BIRTHPLACE (city or town) (State or country): York Co S. C.

17. INFORMANT: Fannie Kendrick

(Address) 803 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 16th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

2 1933 (Filed) 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12th 1933

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

few hours

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Quirk Coroner M. D.

(Address)

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90333

CERTIFICATE OF DEATH

E 90333

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Declared dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred Waudby

(a) Residence: No. 1102 S. Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	divorced

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ottie Temple ne Jones

6. DATE OF BIRTH (month, day, year) Feb 26/1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 052

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME John Waudby

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Diesring

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) John Waudby, Jr. 1102 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date May 13 1933

19. UNDERTAKER Wm Cook 1217 E Paul St Huntington Putnam, W Va

20. FILED May 12 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ... 19 ...
Where did injury occur? 1327 N. Caroline (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in Mrs. Roberts Home
Manner of injury Fell from step ladder
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Ellis M. D.
(Coroner)
(Address) 508 E Lmt...

M. D. B. 1268-9

90334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 90334

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2872 W. Mulberry St. 20th Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Edward Cook

(a) Residence: No. 2872 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Cook

6. DATE OF BIRTH (month, day, year) May 25-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood-worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sash door & blinds

10. Date deceased last worked at this occupation (month and year) 5 6 33

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Cook.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Meisner.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Emma M. Cook.

(Address) 2872 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date May 15 1933

19. UNDERTAKER Wm Cook

Address 1317 St Paul st

20. Filed ... 19... Huntington Williams, N.Y. Registrar.

12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12— 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9— 1933 to May 12— 1933

I last saw him alive on May 11— 1933 Death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic infection of cancerous right testicle, prostate gland and bladder	unknown
Other contributory causes of importance: Carcinoma of right testicle, prostate gland and bladder	unknown

Name of operation none Date of —

What test confirmed diagnosis? P. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Rilands, M. D.

(Address) 2532 Edmondson ave.

M. D. B. 1268-9

E 90335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

E 90335

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. 14-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Holsey

(a) Residence: No. 2021 Madison Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs

7. DATE OF BIRTH (month, day, year) Feb 1-1932

7. AGE Years 1 Months 4 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occ.

12. BIRTHPLACE (city or town) Baltimore Md.

(State or country)

FATHER

13. NAME Joshua Holsey

14. BIRTHPLACE (city or town) Columbia S.C.

(State or country)

MOTHER

15. MAIDEN NAME Minnie Davis

16. BIRTHPLACE (city or town) Abbottsville S.C.

(State or country)

17. INFORMANT Minnie Holsey

(Address) 2021 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11 . 19 33

19. UNDERTAKER Mrs. Geo. E. Holland

(Address) 1631 Druid Hill Ave

20. FILED 11-2-1933 Huntington Wm. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933

I last saw h alive on May 10 1933 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Accident (Poisoned) Drank Household Ammonia

Date of onset half hour

Other contributory causes of importance:

Name of operation Regular Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? 2021 Madison Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Kirk Coroner M. D.

(Address)

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90336

E 90336

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ. Hospital St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton Wiffstadt.

(a) Residence: No. 3922 Foster Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov 5 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co

10. Date deceased last worked at this occupation (month and year) 031

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Louisa Erf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Andrew Wiffstadt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Augusta Erf
(Address) 5028 Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date May 15 1933

19. UNDERTAKER John Ulrich
(Address) 2008 Pulaski St

LICENSE NO. 13 1933 Huntington Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1933 to May 11 1933

I last saw him alive on May 11 1933. Death is said to have occurred on the date stated above, at 10.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular disease	1929
Subacute Bacterial Endocarditis	Jan 1, '33
Other contributory causes of importance: Pericarditis	May 7, 33

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H E Savage, M. D.

(Address) Univ. Hosp.

AdCo. 5-11 2508

90337

HEALTH DEPARTMENT—CITY OF BALTIMORE

90337

CERTIFICATE OF DEATH

131 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S Kenwood ave Ward) 01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Capt George B Heselbach

(a) Residence: No. 626 S Kenwood ave, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Heselbach

6. DATE OF BIRTH (month, day, year) 2/24/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	18/19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo B Heselbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora Lenon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Heselbach
(Address) 626 S Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date May 16 1933

19. UNDERTAKER John Ulrich
(Address) 2008 Eastern Ave

20. FILED Huntington Williams 5-17-33
Registrar

131933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1933 to May 12 1933
I last saw him alive on May 12 1933 death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Apoplexy Tic	5/12/33

Other contributory causes of importance:
Cystitis Chronic
Chronic Interstitial Nephritis
Hypertension Blood Pressure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm H J Sudler, M. D.

(Address) 3523 E Balto St

M. D. B. 1268-9

Launtman ✓

E 90338 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90338

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Launtzman

(a) Residence: No. 816 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36 37	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Launtman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Groff

16. BIRTHPLACE (city or town) (State or country) Carlisle Pa

17. INFORMANT Ethel Taylor

(Address) 807 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Cem Date 5/15, 1933

19. UNDERTAKER Robert Brooks & Son

(Address) Fallsway & Hollins St

FILED MAY 13 1933 19 Victor Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933 to May 12, 1933

I last saw him alive on May 12, 1933. Death is said to have occurred on the date stated above, at 1 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	3
Terminal Coronary Thrombosis	7
Dyspnea	
Gout	

Other contributory causes of importance:

Pericarditis	2 wks

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Goodman M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

90339 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90339

92-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2115 Oak. St. 12 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Commodore Mason

(a) Residence: No. 2115 Oak. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year) Jan 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER FATHER

13. NAME Carrie Mason

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Malvina Brown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Pearl Mason
(Address) 2115 Oak St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 5/13/33

19. UNDERTAKER Mrs. Lee E. Hollo
(Address) 1634 Pennsylvania Ave
Huntington Williams

20. FILED MAY 13 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Febrular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury [illegible] was related to occupation of deceased?
If so, specify

(Signed) John J. Hoffman Coroner, M. D.

(Address) 363 E Roland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90340

CERTIFICATE OF DEATH

93-003 E 90340

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. ..... St., 19-61 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs George Whiteford

(a) Residence: No. 1708 Ramsey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Ida Whiteford

6. DATE OF BIRTH (month, day, year) Aug 2nd 1870

7. AGE 62 Years	Months 4	Days 10	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Agnes Hospital

10. Date deceased last worked at this occupation (month and year) 7 27

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George W. Whiteford

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Hosney

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo. L. Covell

(Address) 1708 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date May 15th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. St Paul St

Thos. Livingston Williams, M.D.

20. FILED MAY 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 31, 1933, to May 12, 1933

I last saw h[illegible] alive on May 12, 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary~~ Chronic Cerebritis with arthrosclerosis myocardial degeneration cardiac failure	

Other contributory causes of importance:

arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Alfred Van Demark M. D.

(Address) St. Agnes Hosp

M. D. B. 1268-9

90341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90341

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dick Johnson

(a) Residence: No. 1617 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Dick Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Drummond

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Jno Johnson 1617 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL Place Lutty Hill Date May 13, 1933

19. UNDERTAKER (Address) Wm. R. G. Elliott 1529 N. Carey St.

Filed 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..., M. D. Coroner

(Address) 305 N. Patterson Park

M. H. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90342

90342

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 W. 40th St. 13-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catharine Johnson Hoff

(a) Residence: No. 822 W. 40th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 17th 1851

7. AGE: Years 82; Months 10; Days 25; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Rev. John Francis Hoff

14. BIRTHPLACE (city or town) (State or country): Lancaster Pa

MOTHER

15. MAIDEN NAME: Juliana J. Ross

16. BIRTHPLACE (city or town) (State or country): Frederick Md.

17. INFORMANT: Mary P. Pitts

(Address) 822 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Frederick Md. Place: Mt. Olivet Frederick Md. Date: May 14th 1933

19. UNDERTAKER: Henry H. Jenkins Sons Co.

(Address) Eutaw & Mulberry Sts.

13 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1933 to May 12th, 1933

I last saw her alive on May 12th, 1933. Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — May 6 — 6 days

Other contributory causes of importance:

Senility

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(a) If so, specify

(Signed) John Howard, M. D.

(Address) 1709 N. Calvert St.

M. D. B. 1268-9

90343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90343

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 S. Potomac St. St., 10th Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME JOHN H. LIEBERTH.

(a) Residence: No. 127 S. Potomac St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lieberth.

6. DATE OF BIRTH (month, day, year) Jan. 20 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam-fitter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. Crook Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bartholomew Lieberth.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Anna Lieberth (Wife)
(Address) 127 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 15, 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 E. Wolfe St.

131933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1932 to May 9, 1933

I last saw h[illegible] alive on May 9, 1933 Death is said to have occurred on the date stated above, at 10:41 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal tuberculosis	about Aug. 32

Other contributory causes of importance:

Laryngeal tuberculosis

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

M. D. R. 1268-9

E 90344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90344

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 N. Fulton Ave St., 15-01 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie A. Henry

(a) Residence: No. 1723 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Edward G. Henry

6. DATE OF BIRTH (month, day, year) Apr. 27. 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	-	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

FATHER

13. NAME Michael J. Rourke

14. BIRTHPLACE (city or town) (State or country) Annandale Co. Maryland

MOTHER

15. MAIDEN NAME Evangaline Moore

16. BIRTHPLACE (city or town) (State or country) Balto. County Maryland

17. INFORMANT Mrs. Chas. C. Copenhaver

(Address) 1722 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 15, 1933

19. UNDERTAKER Harry W. Eblen

(Address) 944 W. Pratt St.

20. Filed 4 1933, 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933 to May 13, 1933

I last saw h alive on May 13, 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1931
Other contributory causes of importance:	
Chr. Interstitial Nephritis	1926

Name of operation none Date of —

What test confirmed diagnosis? Clinical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Paul Brown M. D.

(Address) 1633 W. North Ave.

M. D. B. 1268-9

90345

E 90345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Southern Ave 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Mary G. Winkel

(a) Residence: No. 2600 Southern Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis J. Winkel

6. DATE OF BIRTH (month, day, year) March 10-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas A. Joyner

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Gatly

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph Winkel

(Address) 2600 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date 5/15 1933

19. UNDERTAKER Leonard J. Ryder

(Address) 5305 Harford Rd

MAY 14 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 33, 19 ..... to May 12 ..... 1933 ..... last saw h.. alive on May 12 1933. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma Chest	From 1931

Other contributory causes of importance:

Carcinoma Breast	Apr 1931

Name of operation Radical Breast Date of 4/10/1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alan B Penman M. D.

(Address) 718 Patterson Park Ave

AaCo. 5-31 2508

90346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90346

CERTIFICATE OF DEATH

V 149-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 10-9 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Balis.

(a) Residence: No. 829 Belmont ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Godolia Torinofsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Miriam Rifka

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Milton Balis
(Address) 829 milton ave

18. BURIAL, CREMATION, OR REMOVAL. Place Rosedale Date May 14 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 112 E Baltimore st

20. FILED 14 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5|13|33 , 19

22. I HEREBY CERTIFY, That I attended deceased from 5|8|33 , 19 , to 5|13|33 , 19

I last saw h.. alive on 5|13|33 19 death is said to have occurred on the date stated above, at 11 34 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	5|11|33
Nephritis - Acute	5|12|33

Other contributory causes of importance:

Cesarean Section - 5|9|33

Name of operation Acute Abdominal Wound Date of 5|13|33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lucien Robert Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-0

E 90347

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90347

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Clinton St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Parr

(a) Residence: No. 705 S. Clinton St. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 26 1914.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. C. Broom Wks.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Charles M. Parr.

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Marie Fleckenstein

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Mary Fleckenstein (Grand-mother)
(Address) 705 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 15, 1933

19. UNDERTAKER Lilly & Sons, Inc.
(Address) 1023 Hollins St.
Huntington Williams, N.D.
Registrar.

MAY 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to May 11 1933

I last saw alive on May 11 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	May 7 1933

Other contributory causes of importance:

Pulmonary disease of Stomach.	June 1933
Chronic Nephritis	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 644 W. [illegible]

E 90348

M. D. B. 1268-9

90348 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 518 N. Decker Ave. St., 7-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARIA A. SCHLAUCH.

(a) Residence: No. 518 N. Decker Ave. St., 7 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Schlauch

6. DATE OF BIRTH (month, day, year) Mar. 25 1844.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME George Ochs.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Sebastian Schlauch (Son)
(Address) 518 N. Decker Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 16 33

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED MAY 17 1933 Hunting for Williams, Asst. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933.

22. I, HEREBY CERTIFY, That I attended deceased from April 27, 1933 to May 12, 1933
I last saw h[er] alive on May 12, 1933 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	5/11/33
(b) Nephritis	5/9/33

Other contributory causes of importance:

Arteriosclerosis	1910
Chronic interstitial nephritis	1915
Arteriosclerosis	4/27/33

Name of operation ..... Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert E. Schaefer M. D.

(Address) 2939 Mc Elderry St.

M. D. H. 1268-9

90349 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90349

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Univ Hosp St. 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 23 yrs. ..... mos. ..... ds.

2. FULL NAME Harry Pehr

(a) Residence: No. 4812 Reisterstown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 047

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fannie M. Pehr
(Address) 4812 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Henry Run Date 5-13-33 19 .....

19. UNDERTAKER Jack Lewis Inc
Address 1439-41-E. Balto St

Filed MAY 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 1933 to May 12 1933

I last saw him alive on May 12 1933 Death is said to have occurred on the date stated above, at 8.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma Right bronchus.	May 1932
Other contributory causes of importance: Generalized Carcinomatosis	Unknown
Removal of Pampiniform metastases	4-29-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Lab. X-Ray & Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Davage M. D.

(Address) Univ Hospital

M. D. B. 1268-9

E 90350

HEALTH DEPARTMENT—CITY OF BALTIMORE

0350

CERTIFICATE OF DEATH

97-001

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Smith

(a) Residence: No. 2903 Presbury St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mabel D.

6. DATE OF BIRTH (month, day, year) Apr. 16, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) of 9

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William P.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Carrie Engler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 17 1933

19. UNDERTAKER Geo W Fitle
(Address) 2700 Edmondson Ave

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1932 to 5-13 1933

I last saw h alive on 1933. Death is said to have occurred on the date stated above, at 9:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease rheumatic with mitral insufficiency and stenosis	1925

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-13-33 (Signed) Elmer Highberger, Jr. M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

90351

HEALTH DEPARTMENT—CITY OF BALTIMORE 90351

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH Enroute Hopkins Hospital from

CITY OF BALTIMORE: (No. 109 Aisquith St-Salvation Army Home. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Hart

(a) Residence: No. Orlando, Fla. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamship Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 6

12. BIRTHPLACE (city or town) (State or country) Orlando, Fla.

FATHER

13. NAME Heneral Dherman Hart

14. BIRTHPLACE (city or town) (State or country) Orlando, Fla.

MOTHER

15. MAIDEN NAME Georgia Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Fee Mortuary Co

(Address) Orlando, Fla.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 5/15 1933

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED MAY 14 1933 Huntington, Indiana, ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 6.30m A.M.

The principal cause of death and related causes of importance were as follows:

Probably Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. H. Caffee, M. D. Coroner

(Address) 508 E Monument

90352

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90352

CERTIFICATE OF DEATH

V 25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. L. Balto Gen. Hosp. St. 25-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Mitchell

(a) Residence: No. 3605 Leo St. Brooklyn Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 12-1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harlan Ky.

FATHER

13. NAME Wm. W. B. Mitchell

14. BIRTHPLACE (city or town) (State or country) Harlan Ky.

MOTHER

15. MAIDEN NAME Carrie Brady.

16. BIRTHPLACE (city or town) (State or country) London Ky

17. INFORMANT W. B. Mitchell
(Address) 3605 Leo St. East Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date 5/15, 1933

19. UNDERTAKER Robert Brooks Olson
(Address) Calhoun & Hollins Sts

MAY 17 1933 Huntington Williams N.Y.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 4-15-33, 19..., to May 15, 1933

I last saw her alive on May 8, 1933 death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	
& carcinoma of secondary	
cancer.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. .....

(Signed) [illegible], M. D.

(Address) [illegible]

M. D. B. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90353

E 90353

CERTIFICATE OF DEATH

✓104-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lucy Wilson

(a) Residence: No. 1000 Brantley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elroy Wilson

6. DATE OF BIRTH (month, day, year) June 5, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Smith Deaver

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sallie Dix

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elroy Wilson

(Address) 1000 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 13, 1933

19. UNDERTAKER J. Emmett J. Pease & Son

(Address) 638 N. Fulton

20. FILED 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933 to May 12, 1933

I last saw her alive on May 12, 1933 Death is said to have occurred on the date stated above, at 3 30/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Nose	5/5/33

Other contributory causes of importance:

Cellulitis of Face	5/6/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myron C. Tuttle M. D.

(Address) Sydenham Hosp

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90354

90354

CERTIFICATE OF DEATH

Registered No. V 165

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 825 W Lanvale (Ward) 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Edeler

(a) Residence: No. 825 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or race White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) Feb 21-1865
7. AGE Years 68 Months 2 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Gerard Edeler
14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER
15. MAIDEN NAME Elizabeth Schmeltz
16. BIRTHPLACE (city or town) (State or country) Prussia

17. INFORMANT Amelia Edeler
(Address) 825 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 15 19 33

19. UNDERTAKER J. C. Zouck
(Address) 1600 Madison Ave

(Filed) MAY 14 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th 33

I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Suicide Strangulation by Hanging.

Other contributory causes of importance

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis ... Was an autopsy ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homiride? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Quick Coroner, M. D.

(Address)

AaCo. 5-31 250R

0355 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90355

CERTIFICATE OF DEATH

Hamilton V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4802 Richards ave St., 2 (Ward) 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bruno A. Buchwald

(a) Residence: No. 4802 Richards ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie N. Buchwald

6. DATE OF BIRTH (month, day, year) May 26th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penn

MOTHER FATHER

13. NAME Paul R. Buchwald

14. BIRTHPLACE (city or town) (State or country) Dresden Germany

15. MAIDEN NAME Louisa J. Walther

16. BIRTHPLACE (city or town) (State or country) Chemnitz Germany

17. INFORMANT Annie N. Buchwald

(Address) 4802 Richards ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date May 16 1933

19. UNDERTAKER Frederick Eastman Lowe

(Address) 7401 Belair Road

20. FILED 1 14 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8 1933 to May 13 1933

I last saw him alive on May 13th 1933 death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-1-33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Gordy M. D.

(Address) Norford & Auckland Ave

M. D. B. 1268-B

90356

E 90356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Margaret Curtis

(a) Residence: No. 2102 Eleanor Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard F Curtis

6. DATE OF BIRTH (month, day, year) NOV 26-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Peter Perrin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ella Garrett

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Richard F Curtis

(Address) 2102 Eleanor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 5/15 1933

19. UNDERTAKER H. C. Brauning Son

(Address) 1136 Baker Street E.

20. FILED JUN 14 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933 to May 12, 1933

I last saw h alive on May 12, 1933 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Cerebral Hemorrhage	
Terminal Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Van Arsdale, M. D.

(Address) St Agnes Hosp

M. D. B. 1269-A

E 90357

41 E Read St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90357

CERTIFICATE OF DEATH

82-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Argyle and 7-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mary E. Boston

(a) Residence: No. 930 Argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME John Blake

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Margaret Cook

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mandy Longford

(Address) 407 N Fremont ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Old Orchard Date 5-14-33

19. UNDERTAKER David Gordon

(Address) 916 Pa ave

20. FILED 19 Registrar.

MAY 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 32 to May 12 33

I last saw h.. alive on May 11 33 Death is said to have occurred on the date stated above, at 2 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	1932
Nephritis	1932

Other contributory causes of importance:

Cardiosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Read M. D.

(Address) 41 E Read St

5-13-33

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90358

E 90358

CERTIFICATE OF DEATH

42-001

Registered No. 45-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 Boarman St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delia A. Hanan

(a) Residence: No. 2526 Boarman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H. Hanan

6. DATE OF BIRTH (month, day, year) Feb. 2, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Charles Frost

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Delia A. Frost

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Mark J. Hanan
(Address) 2526 Boarman

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date May 16, 1933

19. UNDERTAKER John A. Logan
(Address) 3000 E. Balto St.

20. FILED MAY 14 1933 Hunting Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11 1933 to May 13 1933

I last saw her alive on May 13 1933 Death is said to have occurred on the date stated above, at 5.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Uremia Acidosis	15 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Bullock M. D.

(Address) 3 W. Lexington

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90359

90359

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 2[illegible] Ward)

Length of residence in city or town where death occurred 14 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget Mc Gennis

(a) Residence: No. Mt Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): March 8, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: John Mc Gennis

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Cossley

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs Hope Friends, Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 15, 1933

19. UNDERTAKER (Address): John A. Mealey, 3000 E. Balto St.

20. FILED 14 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to May 13, 1933

I last saw h[illegible] alive on May 12, 1933 Death is said to have occurred on the date stated above, at 9.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	5/8/33
Toxic degeneration Heart Failure (Sudden)	
Other contributory causes of importance:	
Senile Dementia	2 Yrs

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wilton P. Hill, M. D.

(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90360 272730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 59

E 90360

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary McAbee

(a) Residence: No. 210 Broadway St., ... Ward. Belair Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-19-62

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	71	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John McAbee

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Joyce Hurst

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Abingdon Date May 16 1933

19. UNDERTAKER Degnt Sons Co

(Address) Belair Md

20. FILED MAY 14 1933 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933 to May 14, 1933

I last saw her alive on May 4, 1933. Death is said to have occurred on the date stated above, at 4 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	4-24
Hypertension	?
Arteriosclerosis	?
? Septicemia	

Other contributory causes of importance:

Cystitis

Diabetes mellitus

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Deane A. Clark M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 90361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90361

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 121 S Calhoun St., 19-01 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick F Boyle

(a) Residence: No. 121 S Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 18 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patrick Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Gouched

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Riley
(Address) 1951 Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 5/15, 1933

19. UNDERTAKER Geo. A. Foley
(Address) Fulton & Lafayette

20. FILED ..... 19..... Registrar.

MAY 15 1933 Clinton Williams, Jr.

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to May 12, 1933

I last saw him alive on May 11, 1933 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Other contributory causes of importance: Myocardial degeneration	

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. S. Dujeen M. D.

(Address) 1324 N. Lombard St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90362

E 90362

CERTIFICATE OF DEATH

157-002

Registered No. .....

1. PLACE OF DEATH Md. Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Denmark

(a) Residence: No. 2 Glen Arm Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): April 20-33

7. AGE: Years | Months | Days: 24 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Everette Denmark

14. BIRTHPLACE (city or town) (State or country): Thurmont Md.

MOTHER

15. MAIDEN NAME: Velma Crowl

16. BIRTHPLACE (city or town) (State or country): Rocky Md.

17. INFORMANT: Everette Denmark

(Address): Glen Arm.

18. BURIAL, CREMATION, OR REMOVAL: Greenwood Cemetery Balto

Place: Greenwood Date: May 1 1933

19. UNDERTAKER: W. W. Cook

(Address): 127 W. Pleasant St. Huntingtown Phone Towson, Md.

FILED MAY 14 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-20-1933 to 5-14-1933

I last saw her alive on 5-14-1933 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prema Turity Congenital Dislocated Hips	4/29/33
Other contributory causes of importance: Meningitis (Streptococcus)	5/1/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Joyce M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

E 90363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90363

84-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., 19-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Dudley

(a) Residence: No. 23 So. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7, 1921

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	11	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Dudley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Beulah Owens

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Beulah Dudley

(Address) 23 So Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 5/15/33

19. UNDERTAKER Harry W. Witzke

(Address) 410 Edmondson Ave

19 FILED MAY 14 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933 to May 12, 1933

I last saw her alive on May 12, 1933 Death is said to have occurred on the date stated above, at 10½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute otitis Media	4/25/33

Other contributory causes of importance:

Brain Abscess	5/1/33
Meningitis	5/11/33

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Peter Mesmukin M. D.

(Address) Lyden Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90364 HEALTH DEPARTMENT—CITY OF BALTIMORE 90364

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Baltimore, Dud St., 2-7-24 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary R. Buchta
(a) Residence: No. 2916 Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Buchta

6. DATE OF BIRTH (month, day, year) June 17, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Stephen Campbell
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Louisanna Pierce
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Regd. Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cat Lawn Date 5/15/33

19. UNDERTAKER Harry A. Mitchell
(Address) 4101 E. Monument Ave

20. FILED 5-14-1933 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24-1933 to 5-13-1933
I last saw her alive on 5-13-1933 Death is said to have occurred on the date stated above, at 4:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	March 1933

Other contributory causes of importance: None

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-13-33 (Signed) Elmer Hirshberg M. D.
(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1284

90365

E 90365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 27-61 Ward) Life

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene J. Mitchell

(a) Residence: No. 5317 Ethelbert Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 10-30-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis E. —

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anna Arabella —

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 16, 1933

19. UNDERTAKER Philip Stenz
(Address) 2016 Eutaw St.

15 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12-33

22. I HEREBY CERTIFY, That I attended deceased from 5-8-33 to 5-12-33

I last saw him alive on 5-12-33 Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	1928

Other contributory causes of importance:

None

Name of operation None Performed Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

5-13-33 (Signed) Oliver Hilbert M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

E 90366

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90366

CERTIFICATE OF DEATH

24

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sp. St. Baltimore Gen. Hosp St. 24-06 Ward)

Length of residence in city or town where death occurred 12 yrs. 1 mos. 22 ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME William H. Harris Jr

(a) Residence: No. 1843 Covington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME H. Clair H. Harris

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Christina Walters

16. BIRTHPLACE (city or town) (State or country) Scotts. Md

17. INFORMANT H. Clair H. Harris

(Address) 1843 Covington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 16 1933

19. UNDERTAKER A. Howard Evans

(Address) 1700 E Fort Ave

20. FILED MAY 15 1933 Harrington Will [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-3-33, 19.., to 5-13, 1933

I last saw h[illegible] alive on 5-13, 1933 death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	5-1-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Luton, M. D.

(Address) Balto. City Hosp

M. D. B. 1268-8

90367 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90367.

82-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH CITY OF BALTIMORE: (No.) W. Balto. Hosp. Ward) 3-01

Length of residence in city (or town) where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Sparks

(a) Residence: No. 309 S. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Fem
4. Color or Race Col
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rubin Sparks
6. DATE OF BIRTH (month, day, year) July 5-1894
7. AGE Years 38 Months 6 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME Jos Jackson
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER
15. MAIDEN NAME Mary Drake
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Rubin Sparks
(Address) 309 S. Bethel

18. BURIAL, CREMATION, OR REMOVAL
Place Antioch Cem. Date May 7 . 193

19. UNDERTAKER Robt. G. Williams
(Address) 15 S. McElderry St.
Huntington Wellness Ctr

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 . 33

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 ; that I last saw h alive on May 4 . 19 33 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of Onset

Cerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Erick Corner M. D.
(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90368 E 90368

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3027 Hevenedale St. 27-01 Ward)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas N. Hoover

(a) Residence: No. 3127 Weaver Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ella N. Hoover

6. DATE OF BIRTH (month, day, year) Nov 25 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor R.R. (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Hoover

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Emilie Bishop

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ella N. Hoover
(Address) 3127 Weaver Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 15 1933

19. UNDERTAKER J. M. Rountree
(Address) 2238 N. North Ave
Thurston Williams Reg. No.

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12 1933 to May 13, 1933

I last saw him alive on May 13 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	5 yrs 11/33
Myocardial failure Arteriosclerosis & Lypt.	3 mos. few yrs.
Other contributory causes of importance:	
Diabetes Mellitus	1916

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Geo. B. Taylor M. D.

(Address) 2802 Harford Ave

Spec.—1-10-21—MAT—1500 Blks.

90369

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90369

CERTIFICATE OF DEATH.

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935 St. Paul ST. 12-01 WARD)

2-FULL NAME John Scott Hamilton

(a) RESIDENCE NO. 2935 ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Rhea H. Lockridge

6 DATE OF BIRTH (month, day, and year): March 1, 1848

7 AGE: Years 85 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer (retired)

(b) General nature of industry, business, or establishment in which employed (or employer): do.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Highland Co., Va.

PARENTS

10 NAME OF FATHER: Daniel C. Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Highland Co., Va.

12 MAIDEN NAME OF MOTHER: Margaret Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Highland Co. Va.

14 Informant (Address): Anna H. Cunningham 2935 St. Paul

15 Filed MAY 15 1933 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to May 13, 1933, that I last saw him alive on May 13, 1933, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

~~Arteria sclerosis~~

Myocardial insufficiency

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Arteria-sclerosis

(duration) ½ yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No especial test

(Signed) C. B. Heaman, M. D.

5-13, 1933 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery — DATE OF BURIAL: May 15 1933

20 UNDERTAKER: Chas. E. Black — ADDRESS: 742 W North Ave

MAY 15 1933

FOR is very important. See instructions on back of certificates.

M. D. B. 1268-9

Otradovec

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90370

90370

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1034 N. Ballington Ave (Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME James Otradovec

(a) Residence: No. 1034 N. Ballington ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Otradovec

6. DATE OF BIRTH (month, day, year) June 8 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	82	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. Mus. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Aust.

FATHER

13. NAME James Otradovec

14. BIRTHPLACE (city or town) (State or country) Aust.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Aust

17. INFORMANT Ralf Otradovec

(Address) 1034 Ballington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date May 15 1933

19. UNDERTAKER Martin E. Dippel Inc

(Address) 32 S. Appleton Hunterstown Williams Post

20. FILED MAY 16 1933 Registered No. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1933 to May 12 1933

I last saw him alive on May 12 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Apoplexy	
Hemiplegia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Krause M. D.

(Address) 1102 Keyser Bldg

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MAY 16 1933

A&Co. S-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90371

E 90371

CERTIFICATE OF DEATH

47

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 S. Broadway St., 3-01 Ward)

Length of residence in city or town where death occurred yrs 66 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Addison F. New

(a) Residence: No. 20 S. Broadway St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie I. New

6. DATE OF BIRTH (month, day, year) 7-26-1862

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70 71	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James New

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Ann Barrack

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Annie I. New
(Address) 20 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 5-15-33, 19

19. UNDERTAKER Wendell E. Humphreys
(Address) 1501 N. Broadway

20. FILED MAY 15 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932 to May 12, 1933

I last saw him alive on May 11, 1933 death is said to have occurred on the date stated above, at 9 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	Jan 1 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Cookenour, M. D.

(Address) 3100 Hanford Rd

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90372

E 90372

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 South Carey St. 19-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ETTA E. BOND

(a) Residence: No. 8 South Carey. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Pond

6. DATE OF BIRTH (month, day, year) Dec. 11th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weverton Maryland

FATHER

13. NAME Jesse Price

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Hines

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George A. Campbell
(Address) 8 South Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Knoxville Md. Date May 16th 19 33

19. UNDERTAKER Joseph D. Cook
(Address) 1005 West Baltimore St.

MAY 15 1933 Washington Wetherald, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to May 13 1933

I last saw h.. alive on May 13 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal disease & hypertension	
a) Hemiplegia	
b) Chronic Passive Congestion	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Lesser, M. D.

5/15/33 (Address) Medical Arts Bldg

M. D. B. 1268-8

E 90378 ALTH DEPARTMENT—CITY OF BALTIMORE E 90373

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Shirey Ave. St., 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora E. Rising

(a) Residence: No. 2903 Shirey Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony J. Rising

6. DATE OF BIRTH (month, day, year) July 7, 1880,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Alfred Lenig

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Barbara Reichenbach

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Anthony J. Rising

(Address) 2903 Shirey Ave.

18. BURIAL, CREMATION, OR REMOVAL Not Buried Here

Place Lynden Co. Pa Date May 14. 1933

19. UNDERTAKER Mrs. Albert E. Fuller

(Address) 4806 Harford ave.

FILED MAY 15 1933 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1933 to 5/12, 1933

I last saw h alive on 5/12, 1933 Death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia - Edema.	
Chron. Myocarditis (Infect)	

Other contributory causes of importance:

Bronchial Hemorrhages

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roger W. Foley M. D.

(Address) 5142 Harford Rd.

M. D. B. 1268-A

90374 **HEALTH DEPARTMENT—CITY OF BALTIMORE** # 90374

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 93-003

CITY OF BALTIMORE: (No. Balto. md St., 23-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Johnson

(a) Residence: No. 1933 St. Bevan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jones

6. DATE OF BIRTH (month, day, year) 1-5-?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date May 16 1933

19. UNDERTAKER Isaac C. Broud Sons
(Address) 1054 W Monument St

MAY 15 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-10-1933 to 5-17-1933

I last saw him alive on 5-12-1933 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	?
arteriosclerotic	?

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

5-17-33 (Signed) Clinton Tibbetts M. D.

(Address) Balto. City Hospital

M. D. B. 1268-9

E 90375

✓ E 90376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Ellamont St. 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel E. Cook

(a) Residence: No. 1505 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas A. Cook

6. DATE OF BIRTH (month, day, year) Aug 3rd 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry R. Pape

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Bursad

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thos. A. Cook

(Address) 1505 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 15th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

Huntington Williams, N.D.

MAY 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1933 to May 12 1933

I last saw her alive on May 12, 1933. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1925
with hypertension and	Est.
Cardiac failure with	Mar 1933
pulmonary oedema	May 12 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Cole M. D.

(Address) 2202 Gwynns Road

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 90376.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90376.

E06 E

23

E06 E

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital ST 12-01 WARD)

2. FULL NAME Elanor E. McDonald

(a) RESIDENCE NO. 3212 Abell Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30 1904

7 AGE	Years	Months	Days	If LESS than day, hrs. or min.
	28	10	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: Montimore McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co. Md.

14 Informant: Mrs. M. McDonald
(Address) 3212 Abell Ave

15 Filed 15 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-14-33

17
I HEREBY CERTIFY, That I attended deceased from 4-16-33, 19 , to 5-14-33, 19
that I last saw h alive on 5-14-33, 19
and that death occurred, on the date stated above, at 2:45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Peritonitis & Enteritis (duration) 1 (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. W. Donovan M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: May 16 1933

20 UNDERTAKER: Chas F. Davis & Son — ADDRESS: 1158 W. Royal Ave

M. D. B. 1268-9

✓ 690377

E 90377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 90377

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Dukeland St. 16-al Ward)

Length of residence in city or town where death occurred 74 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lober.

(a) Residence: No. 1210 Dukeland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Lober

6. DATE OF BIRTH (month, day, year): Dec 12 1858

7. AGE: Years: 74 | Months: 5 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John J Schwinger

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Katherine D. Schleicher

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: George Lober

(Address) 1210 Dukeland St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 5/16th 1933

19. UNDERTAKER: Mrs Chas A J Rohde

(Address) 2327 Edmondson Ave

20. FILED: MAY 15 1933, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to May 14, 1933

I last saw her alive on May 11, 1933. Death is said to have occurred on the date stated above, at 5-30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac disease	2

Other contributory causes of importance: Cardiac dilatation

Name of operation —— Date of .....

What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —— (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Smith M. D.

(Address) 3429 Hamilton Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90378 ✓ E 90378

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Linwood ave St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Herzog

(a) Residence: No. 13 N. Linwood ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha A. Herzog

6. DATE OF BIRTH (month, day, year) Oct 4th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Herzog
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha A. Herzog
(Address) 13 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 16, 1933

19. UNDERTAKER Frank R. Pepitone
(Address) 2163 E Baltimore St

FILED MAY 15 1933 Huntington Wm. Commissioner, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th., 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 6th., 1933, to May 13th., 1933.
I last saw h... in alive on May 13th., 1933. death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Unknown
Other contributory causes of importance:	
Cerebral hemorrhage	6 days.

Name of operation ... Date of ...
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Phillip J. Artigiani M. D.
(Address) 2942 E. Fayette Street.

M. D. B. 1268-9

E 90379

E 90379 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Jud St. 17-04 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Neal

(a) Residence: No. 172 r Bradley St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 31 (?)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	- 6	11 -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Culpepper Co. Va

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Culpepper Co. Va

MOTHER

15. MAIDEN NAME Rose Lawson

16. BIRTHPLACE (city or town) (State or country) Culpepper Co. Va

17. INFORMANT Friends Balto. City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date May 16 1933

19. UNDERTAKER Joseph A Lively

(Address) 402 N Mount St

FILED MAY 15 1933 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-27 1933 to 5-12 1933

I last saw him alive on 5-12 1933 Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-13-33 (Signed) Elmer Hiatt M.D.

(Address) Balto. City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 90380 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90380

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N Curley St. St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary S. Spink

(a) Residence: No. 202 N. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Spink

6. DATE OF BIRTH (month, day, year) July 4 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Knapp

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary Ashline

(Address) 202 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date May 17 1933

19. UNDERTAKER Mc Fetridge & Son

(Address) 2334 Pennsylvania Ave

Huntington Williams Registrar.

20. FILED

Y 151933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29 1933 to May 13 1933

I last saw h alive on May 13 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	4/30 33

Other contributory causes of importanre:

Chronic Int Nephritis	3/12

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Miller M. D.

(Address) 1500 N Broadway

M. D. B. 1268-9

90381

E 90381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2028 E. North Ave St. 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Zimmerman

(a) Residence: No. 2028 E. North Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Zimmerman

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME William Zimmerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife

(Address) 2028 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 16, 1933

19. UNDERTAKER Mary E. Miller & Son

(Address) 2011 Gilmor St.

20. FILED 5-15-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated about 8 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Apoplexy

(History Arteriosclerosis-Hypertension)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. Cassell, M. D.
Coroner

(Address) 5086 Windsor

M. D. B. 1201-9

E 90382

E 90382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1771 N. Charles St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phenia Mary Sobbott

(a) Residence: No. 1771 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 27. 1860

7. AGE: Years 73 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Paul Sobbott
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Theresa L. Holmes
(Address) 1771 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL:
Place London Park. Date May . 19

19. UNDERTAKER: Margaret E. Flynn
(Address) 1422 Light St

20. FILED: MAY 1933 Huntington Holbrook Williams
(Signature of Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 1933 to May 13 1933

I last saw her alive on May 12 1933 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	2 yrs
Other contributory causes of importance: Arteriosclerosis	1931

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 16 Marlboro Ave.

E 90383

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90383

CERTIFICATE OF DEATH

231

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Jail St. 19-C1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louisa Wright

(a) Residence: No. 534 N. Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — WIFE of (or) HUSBAND of: Herbert

6. DATE OF BIRTH (month, day, year): Oct. 26 1888

7. AGE — Years: 44 Months: 6 Days: 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Petersburg, Va.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Francis ?

16. BIRTHPLACE (city or town) (State or country): Petersburg, Va.

17. INFORMANT: Records Balt. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: 5/15/33 19

19. UNDERTAKER: Elroy Allen

(Address): 1000 Granby ave

20. FILED: 4 Jun 19 34 Huntington Tittmann, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-12, 33

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 19 33 to 5-12, 19 33

I last saw her alive on 5-12, 19 33 Death is said to have occurred on the date stated above, at 6:45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of pleura, & pericardium	1-1-33

Other contributory causes of importance: None

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-12-33 (Signed) Elmer Richardson M. D.

(Address) Balto. City Hospitals.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90384

E 90384

CERTIFICATE OF DEATH

23 v

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Orleans St. 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Weaver

(a) Residence: No. 1102 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 18, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Regal Laundry

10. Date deceased last worked at this occupation (month and year) 3 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Walter Weaver

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rebecca Veeney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Christian (Stepfather)
(Address) 1102 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Md Date May 15 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14/33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.30 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) [signature] Coroner, M. D.

(Address) 508 E Mnt Pl

M. D. B. 1268-9

E 90385 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90385

XV 46

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospital St., 17-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Otho Jackson Tall

(a) Residence: No. 4402 Reservoir Rd St., Ward Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Harriet Howell Tall

6. DATE OF BIRTH (month, day, year) March 14 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) Jan. 1933

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Otho Tall Sr.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lida Broughton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harriet H. Tall-wife
(Address) 4402 Reservoir Rd ~~Baltimore Md~~

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Va National Cem Date May 16. 1933
Opp 3240

19. UNDERTAKER John F. Dancy
(Address) 715 Light St

20. FILED MAY 15 1933, 19 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3 1933 to May 13 1933
I last saw him alive on May 12 1933. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?
Other contributory causes of importance:	

Name of operation Colostomy Date of 5-6-33

What test confirmed diagnosis? Microscopic Was there an autopsy? (no)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James L. Hecht M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-6

E 90386

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90386

CERTIFICATE OF DEATH

59V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 E.22nd St. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clay E.DeLauney.

(a) Residence: No. 709 E.22nd St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George P.DeLauney,

6. DATE OF BIRTH (month, day, year) August 12.1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Jones,

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Harriett Braby,

16. BIRTHPLACE (city or town) (State or country) England,

17. INFORMANT Geo. P. DeLauney

(Address) 709 E.22nd St.

18. BURIAL, CREMATION, OR REMOVAL MAY 17 1933

Place Druid Ridge Date 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

MAY 17 1933 Registrar, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to May 15, 1933.

I last saw h.. alive on May 15, 1933. Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5/14/33
Other contributory causes of importance:	
Arteriosclerosis	?
Angina Pectoris -	1932
Hypertension -	?
Diabetes Mellitus - - - - -	1923

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No — If so, specify .....

(Signed) Joseph W. Hatzky, M. D.

(Address) 1207 Cathedral Street

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90387.

CERTIFICATE OF DEATH.

92-001 E 90387.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 2-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip Cascio

(a) RESIDENCE NO. 1812 E. Lombard Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): January 25, 1915

7 AGE: Years 18 Months 3 Days 17 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles J. Cascio

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Blanch Hartman

13 BIRTHPLACE OF MOTHER (city or town): New York

(State or country)

14 Informant: Charles J. Cascio

(Address): 1812 E. Lombard Street

15 Filed ....., 19.... Registrar

MAY 15 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(duration) ....yrs. ....mos. ....ds.

(Signed) ....., M. D. (Coroner)

5/13, 1933 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial: May 16 1933

20 UNDERTAKER: John M. Weber ADDRESS: 401 S. Chester St

Huntington Williams, M.D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 90388

E 90388 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 439 S. Chester Street ST. 1-01 WARD)

2-FULL NAME Dr. John T. Kardas

(a) RESIDENCE NO. 439 S. Chester Street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Kardas

6 DATE OF BIRTH (month, day, and year) January 26 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	47	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) For Self

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Teofil Kardas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary L. Kardas (Wife)
(Address) 439 S. Chester Street

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12/33

17 I HEREBY CERTIFY, That I attended deceased from May. 10. 1931. to May 12. 1933
that I last saw him alive on May 12. 1933.
and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Status of Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Dr. Thomas M.D.

5/13/1933 (Address) 2589 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. Bay — DATE OF BURIAL 16 1933

20 UNDERTAKER John M. Weber ADDRESS 401 S Chester St

V 131 1933 Huntington, Indiana

TION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90389 ✓ E 90389

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No) 1185. Cleveland. St. (St.) 21-01 (Ward)

2-FULL NAME William E. Miles.

(a) RESIDENCE (Usual place of abode) No. 1185 Cleveland. St. St., Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine D. Miles

6 DATE OF BIRTH (month, day, and year): Oct. 26. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William E. Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Orem

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Richard R. Miles. 1185. Cleveland. St.

MAY 15 1933

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12th 1933

17 I HEREBY CERTIFY, That I attended deceased from May. 9th. 1933. to May 12. 1933.

that I last saw h[im] alive on May 12. 1933

and that death occurred, on the date stated above, at 3.00 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis,

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Nephritis & Arteriosclerosis

(duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical analysis of Urine & Exam

(Signed) Harry Gates, M. D.

, 19 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	May 16th 1933
20 UNDERTAKER	ADDRESS 1029
E. Schlosman & Son	Lanvale St

TION is very important. See instructions on back of certificates.

M. D. R. 1268-9

90390 270251

HEALTH DEPARTMENT—CITY OF BALTIMORE 50390

CERTIFICATE OF DEATH

X V 121

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Hart

(a) Residence: No. ... Stoney Creek St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Hart

6. DATE OF BIRTH (month, day, year) unknown 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 015

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Hart

14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Hester Hatton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Bethesa Methodist Comp Spring Md
Place ... Date 5/17 1933

19. UNDERTAKER [illegible]
(Address) 1217 E Fayette St

20. FILED ... 19... [illegible] Registrar.

MAY 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1933 to May 14. 1933
I last saw him alive on May 14. 1933 Death is said to have occurred on the date stated above, at 9 23 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis (Ruptured Appendix)	
Fecal fistula	
Recto vesical fistula	

Other contributory causes of importance:

Name of operation Appendectomy & Drainage Date of 2-22-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry B. Neel M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90391

CERTIFICATE OF DEATH

X V 89-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Briggs

(a) Residence: No. 6720 Pinetree St., Dundalk, md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	7 8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dundalk Md (State or country)

FATHER

13. NAME Edgar C. Briggs

14. BIRTHPLACE (city or town) Smithsburg Md (State or country)

MOTHER

15. MAIDEN NAME Edna Mae Gilent

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Edgar Briggs Dundalk Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 5/17 1933

19. UNDERTAKER Wm Ott
(Address) 1217 E Pratt St

MAY 15 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13th 1933 to May 15th 1933

I last saw h.. alive on May 15th 1933 Death is said to have occurred on the date stated above, at 7.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media (Lt A)	5-10-33
Other contributory causes of importance:	
Mastoiditis	5-12-33

Name of operation Mastoidectomy Date of 5-13-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Bruyck M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

5.10 PM

E 90392

CERTIFICATE OF DEATH

V 48 E 90392

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1041 Brantley Ave St. ..... Ward) 16-01

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Ann Jones

(a) Residence: No. 1041 Brantley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 15 1864

7. AGE: Years 68 | Months 4 5 | Days 11 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 5 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Henry D. Jones
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Rosanna McNulty
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Mrs John T Sagan
(Address) 1041 Brantley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place A Peters Cem Date May 16, 1933

19. UNDERTAKER: Fred S Kramer & Son
(Address) 941 Brantley Ave

Filed MAY 15 1933 Thurlington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1928, 1933 to May 14, 1933

I last saw her alive on May 14, 1933 death is said to have occurred on the date stated above, at 5.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	5/14/33
Other contributory causes of importance:	
Carcinoma of Cervix	1924

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in Home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos J Hurtt, M. D.

(Address) 7414 Reisterstown

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Ella Archer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90393

131 E 90393

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Uplow St. ST., 17-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Archer

(a) RESIDENCE NO. 1213 Uplow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63		—	—	

8 OCCUPATION OF DECEASED Domestic

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Co., Va.

PARENTS

10 NAME OF FATHER Legale Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Archer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Archer

14 Informant Robert Coates

(Address) 1213 Uplow St.

15 Filed MAY 15 1933, 19 Huntington, Williams, H.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1933

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 14, 1933, that I last saw h alive on May 14, 1933, and that death occurred, on the date stated above, at 12:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. A. Johnson M. D.

, 19 (Address) 2-3 19 Evergreen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 5/15/33 1933

UNDERTAKER Archibald A. Gaddis

ADDRESS 210 W. Baltimore St.

THIS is very important. See instructions on back of certificates.

AdCo. 5-31 250P

E 90394 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 90394

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Division St., 13-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm T. Travis

(a) Residence: No. 2133 Division St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriet Travis

6. DATE OF BIRTH (month, day, year) Dont know 80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Harriet Travis
(Address) 2133 Division

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 5/15, 1933

19. UNDERTAKER Samuel McFaul & Son
(Address) 638 N. Gilmor

20. FILED MAY 15 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to May 13, 1933

I last saw h.. alive on May 12, 1933 death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about 1yr.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) D. McFaul, M. D.

(Address) 126 Druid Hill

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1261-9

E 90395 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90395

CERTIFICATE OF DEATH

V 131

Registered No. 12-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Homewood Apartments Charles & 31st St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 70 yrs. 5 mos. 21 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Thomas A. Robinson

(a) Residence: No. Charles & 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Nov. 22, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Robinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Jane Nicoll

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Sarah K. Robinson
(Address) Homewood Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 5/16 19 33

19. UNDERTAKER Henry U. Mears & Son
(Address) 220 N. Calvert Street

MAY 15 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22nd 1933, to May 13th 1933.
I last saw him alive on May 13th 1933. Death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Chronic Interstitial Nephritis	
Hypostatic Pneumonia.	

Other contributory causes of importance:

Name of operation ---. Date of ---

What test confirmed diagnosis? Examination. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ---, 19--
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Talbot Truth M. D.
(Address) 3005 Wash Ave

Spec.—9-30—A. & Co.—250 Bks.

E 90396 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90396

CERTIFICATE OF DEATH

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2931 (St.) Baker (Ward) 16-01

2. FULL NAME Adalaide Virginia Bradenbaugh

(a) RESIDENCE NO. 2931 (St.) Baker (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F | 4 COLOR OR RACE: W. | 5 Single, ~~Married~~, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS
10 NAME OF FATHER: J. Bradenbaugh
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.
12 MAIDEN NAME OF MOTHER: Catherine Bradenbaugh
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Harold E. Gilbert 1 Blairstown N. J.

15 Filed MAY 15 1933 Huntington Williams, M.D.

TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13-1933

17
I HEREBY CERTIFY, That I attended deceased from May 10th 1933 to May 13 1933
that I last saw h e alive on May 13 1933
and that death occurred, on the date stated above, at 8:40 P. M.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical course

(Signed) Joseph H. Pierce M. D.
1933 (Address) 2a Professional Ct.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: May 16 1933

20 UNDERTAKER: Bertram D. Rose — (ADDRESS) 2224 N. Charles St.

N. D. B. 1384

E 90397 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90397

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Eastfol St. 11-01 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Arthur Baugher Robertson

(a) Residence: No. 1029 Eastfolk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas L Roberts

6. DATE OF BIRTH (month, day, year) N[illegible] 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61 -	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawbroker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Mine

10. Date deceased last worked at this occupation (month and year) 1903

11. Total time (years) spent in this occupation 7 -

12. BIRTHPLACE (city or town) (State or country) Rome Ga

FATHER

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) Walker

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Walker Co

17. INFORMANT Thomas L Roberts
(Address) 1029 Eastfolk St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date May 16 1933

19. UNDERTAKER John O Mitchell & Son
(Address) 1400 Eastern Ave

Huntington Woodlawn Md

20. FILED MAY 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/11/33 19... to 5/14/33 19... I last saw h[illegible] alive on 5/14/33 19... Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	4/11/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 927 [illegible]

STATE CAUSE OF DEATH in plain words, so that it may be properly classified. Leave statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90398 HEALTH DEPARTMENT—CITY OF BALTIMORE 50398

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 321 Ward)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Taylor

(a) Residence: No. 3507 Falls Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Bernice Taylor

6. DATE OF BIRTH (month, day, year) May 31, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stanley Va

FATHER

13. NAME Benjamin Taylor

14. BIRTHPLACE (city or town) (State or country) Stanley Va

MOTHER

15. MAIDEN NAME Frances Clift

16. BIRTHPLACE (city or town) (State or country) Stanley Va

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Luray Va Date May 16 1933

19. UNDERTAKER John C. Fuller

(Address) 1835 E. Lanvale St

20. FILED MAY 15 1933 19 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13 1933 to May 15 1933

I last saw him alive on May 13 1933 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	1932
Other contributory causes of importance:	
Pleurisy & effusion, Tbc.	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Pleasants M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90399 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90399

CERTIFICATE OF DEATH

✓ × 157-004

Registered No. .....

1. PLACE OF DEATH mercy Hospital.

CITY OF BALTIMORE: (No. ..... St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Roxanna McCann

(a) Residence: No. Delta Pennsylvania St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec. 29-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Delta, Penna.

FATHER

13. NAME Charles McCann

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Julia Bassett

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Castleton Vermont Date May 18 1933

19. UNDERTAKER Hubert F. Hartman
(Address) Delta Pa

Filed MAY 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8 1933 to May 16 1933

I last saw her alive on May 15 1933 Death is said to have occurred on the date stated above, at 12 55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital absence of bile ducts & gall bladder	
Other contributory causes of importance: Cholaemia	2 days

Name of operation Laparotomy Date of 5-7-33

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Arthur H. Simmons M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90400 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89-E 90400

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp. 20-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ronald McKinney

(a) Residence: No. 632 S Monroe St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) April 17th 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Walter Mc Kinney

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Ella Mills

16. BIRTHPLACE (city or town) (State or country) Martinsburg West Va

17. INFORMANT Walter Mc Kinney

(Address) 632 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date May 17th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams M.D.

MAY 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933 to May 15, 1933

I last saw h... alive on May 15, 1933 Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

Congenital pyloric stenosis — Date of onset

Malnutrition

Peritonitis

Other contributory causes of importance:

Otitis media

Name of operation Pyloroplasty Date of 5-15-33

What test confirmed diagnosis? ope... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

no ... If so, specify ...

(Signed) J Dewar Mowat, M. D.

(Address) University Hosp.

M. D. H. 1268-9

90401 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90401

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S. Smallwood St. 20-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Prince

(a) Residence: No. 308 S. Smallwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Carrie Prince

6. DATE OF BIRTH (month, day, year) Feb 3rd 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed Painter 050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Prince

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louise Adolph

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles Prince
(Address) 308 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 17th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 16 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 2/13/1933 to 5/14/1933

I last saw h— alive on 5/14/1933. Death is said to have occurred on the date stated above, at 3.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Phthisis (clinical) History	Two yrs
July	Early
Dec	1932
Other contributory causes of importance:	
Pul Hemmorhage 24hrs prior to death	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Bernard J Leary, M. D.
(Address) 410 W Lombard

OCCUPATION IS VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 90402

E 90402 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Sidney Ave 25-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Jane Bowersox

(a) Residence: No. 2119 Sidney Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rach Bowersox

6. DATE OF BIRTH (month, day, year) Sept 22-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Robert Gable

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

15. MAIDEN NAME Lydia Higdon

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Lydia Higdon
(Address) 2119 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 5/17 33

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ..... 19 ..... Huntington Williams, Registrar

MAY 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to May 14 1933

I last saw her alive on May 14 1933 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 week

Other contributory causes of importance:

Arteriosclerosis	4 mos
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Telford Dorsey M. D.

(Address) 1127 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90403

90403

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hom Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Tchmionski

(a) Residence: No. 1611 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23.	2	2/30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Simon Tchmionski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Margaret Polek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Simon Tchmionski
(Address) 1611 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 17. 1933

19. UNDERTAKER Fr Ozmanski
(Address) 1900 E Eastern Ave

MAY 15 1933

D. OF H. ED. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Mercury Poisoning	
Other contributory causes of importance: Nephritis- Pneumonia etc	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide suicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home- 1611 Gough St

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Carey M. D.
(Address) 508 E Monument

M. D. B. 1268-9

Piwinski

E 90404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90404

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S Wolf St St., 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katarzyna Piwinski

(a) Residence: No. 517 S. Wolf St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laurance Piwinski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Joseph Urbanski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Laurance Piwinski
(Address) 517 S. Wolf St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date May 17 1933

19. UNDERTAKER M. Rozwicki
(Address) 1930 Eastern Ave

20. [illegible] Huntington Williams, M. D.

MAY 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1932 to May 9th 1933

I last saw h[illegible] alive on May 9th 1933 Death is said to have occurred on the date stated above, at 1030 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast (left)	
Other contributory causes of importance:	
Metastasis in Peritoneum	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. J. Tankin M. D.

(Address) 1194 Mulberry

OCCUPATION is very important. See instructions on back of certificate.

E 90405 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90405

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 Pennsylvania ave ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos Louis Stevens.

(a) RESIDENCE. NO. 2141 Pennsylvania ave ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Stevens

6 DATE OF BIRTH (month, day, and year): March 27-1865

7 AGE: Years 68 Months 1 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): Unemployed 3 yrs.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co.

PARENTS

10 NAME OF FATHER: Abraham Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co.

12 MAIDEN NAME OF MOTHER: Lena Bankins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co.

14 Informant (Address): Chester Stevens 2141 Pennsylvania ave

15 Filed ..... 19 ..... Registrar: Livingston Williams

MAY 16 1933

MEDICAL CERTIFICATE OF DEATH 5/13.1933.

16 DATE OF DEATH (month, day, and year): May 13 1933

17 I HEREBY CERTIFY, That I attended deceased from April 18. 1933. to May 13. 1933.

that I last saw h[illegible] alive on May 12. 1933.

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis - 4+

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Thos A. Wright, M. D.

May 14. 1933 (Address) 1209 Pennsylvania ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — DATE OF BURIAL: May 17 1933

20 UNDERTAKER: Edward Wright — ADDRESS: 300 N Carrollton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPA-TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

90406 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90406

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Oakland St., 7-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Mary Pokorny

(a) Residence: No. 2009 Oakland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Pokorny

6. DATE OF BIRTH (month, day, year): Nov 2, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Bavaria

FATHER

13. NAME: Conrad Eckardt

14. BIRTHPLACE (city or town) (State or country): Bavaria

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Bavaria

17. INFORMANT: Caroline Moser
(Address) 2009 Oakland

18. BURIAL, CREMATION, OR REMOVAL
Place Oakhill Date May 16, 1933

19. UNDERTAKER: J. A. Brack Son
(Address) 1906 Eastern Ave

20. FILED ... 19... Registrar ...

MAY 16 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to May 13, 1933.
I last saw h.. alive on May 13, 1933. Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of right leg.	6/31
Other contributory causes of importance:	
Generalized Carcinomatosis	9/31

Name of operation: Excision of epithelioma Date of: Sept 8, 1931

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny, M. D.

(Address) 2200 E. Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90407

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

E 90407.

CERTIFICATE OF DEATH.

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Union Memorial St. 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Pochterman

(Residence in Baltimore: No. 303 Dolchester Ave. St.; yrs. 75 mos. 1 ds. 5)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 10, 1858 (Month) (Day) (Year)

7-AGE. 75 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Caspar Dorr

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Margaret Beadenkopf

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna C Dorr

(Address) 2834 Guilford ave

15-

Filed ..... 191.....

Registrar.

MAY 16 1933

Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1933 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and from other sources find that said deceased came to death on the date stated above.

The CAUSE OF DEATH was as follows:

Contusions Injuries Fracture of Skull Fracture of Upper Thorax Accidental

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John Morrissey M. D. (Coroner)

5/15, 1933 (Address) 7572 Roland ave

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount

DATE OF BURIAL, May 17, 1933

20-UNDERTAKER Henry W. Jenkins Sons Co.

ADDRESS McCulloh & Orchard Sts

Important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90408

CERTIFICATE OF DEATH

Registered No. 90408

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Providence Hosp. St., 14-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Bell.
(a) Residence: No. 4966 E. Preston St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Marshall Bell
6. DATE OF BIRTH (month, day, year): Apr 23 1896
7. AGE: Years 37 | Months 0 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Nov
11. Total time (years) employed this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Perry Winfield
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Rebecca Lewis
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Address): 4966 Preston St Towson

18. BURIAL, CREMATION, OR REMOVAL: Place Pleasant Hill Cem Md Date May 16th 1933

19. UNDERTAKER: Byron & Mamie K. Wright
(Address) 120 Dulaney Valley Rd Huntington Williams, Md.

20. [illegible] MAY 16 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible] 19[illegible] I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.
The principal cause of death and related causes of importance were as follows:
Chronic Coma Date of onset
Two hours
Other contributory causes of importance: Nephritis 2 months

Name of operation: Regular Date of: No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. C. Funk M. D.
Coroner
(Address) Coroner

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90409

CERTIFICATE OF DEATH

90409

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 E. Pratt St., 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Back

(a) Residence: No. 3716 E. Pratt St., Ward

(If non resident give city or town and State)

(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 13 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Frederick Back

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME anna Jahnlant

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Emma Smyrcina

(Address) 1512 E Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 17 1933

19. UNDERTAKER Jos. J. Kerr

(Address) 1156 N. Eutaw

20. FILED MAY 16 1933 Huntington Williams, Asst.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6 – 1933, to May 15 – 1933

I last saw her alive on May 15 – 1933 death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis = (Arythmia)	1 yr –
Other contributory causes of importance: Bronchio-Pneumonia	10 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Samuel Brewer – M. D.

(Address)

M. D. B. 1268-9

E 90410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 90410

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 10 yrs. — mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Stein

(a) Residence: No. 1500 Maryland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) Oct 4. 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Stein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Stein

(Address) 1737 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Blvd Rd Date May 16, 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1126 N. Howard Ave

Huntington Williams, M.D.

Registrar

MAY 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933 to May 15, 1933

I last saw h alive on May 15, 1933 Death is said to have occurred on the date stated above, at 9:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sec. Arteriosclerosis	
Myocardial degeneration	
Bronchopneumonia	5/14/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel E. Bogrod M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90411 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90411

CERTIFICATE OF DEATH

Registered No. 81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Mc Elderry St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Simon Levinson

(a) Residence: No. 3018 Mc Elderry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 1913.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Harry Livinson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Hornstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Livinson
(Address) 3018 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date May 15, 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED MAY 16 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1933 to May 15 1933

I last saw him alive on May 15th 1933. Death is said to have occurred on the date stated above, at 2.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive muscular Dystrophy	

Other contributory causes of importance:

Respiratory Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sam Krause, M. D.

(Address) Med Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90412 — CERTIFICATE OF DEATH — E 90412

1. PLACE OF DEATH Baltimore City Hospitals 10 — Registered No. 01

CITY OF BALTIMORE: (No. Baltimore Md St., 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Kane

(a) Residence: No. 42 E York St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-10-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mike —

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Casey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date May 16, 1933

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light St.

(Filed) Huntington Williams MAY 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-33

22. I HEREBY CERTIFY, That I attended deceased from 5-10-33 to 5-13-33

I last saw him alive on 5-13-33 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-7-33

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

5-13-33 (Signed) Elmer Hitchbourne M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

Telle

E 90413 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90413

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N Castle st St., 7-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E Telle

(a) Residence: No. 620 N Castle st St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Telle

6. DATE OF BIRTH (month, day, year) Nov 16 th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Greensfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Ebert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Marie Clemson
(Address) 620 N Castle st

18. BURIAL, CREMATION, OR REMOVAL Place Oakdale Date May 17 1933

19. UNDERTAKER John J Welsh
(Address) 2008 Orleans st

FILED MAY 16 1933 Huntington Williams, M.D. REGISTRAR

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 th, 1933, to May 14, 1933

I last saw h-r alive on May 14 1933 death is said to have occurred on the date stated above, at 7.30 pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/13/33
Other contributory causes of importance: Cardiac Asthenia	5/14/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Albert L. Levy M. D.

(Address) 742 S. Bradford St

Spec.—9-30—A. & Co.—250 Bks.

E 90414

90414 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. ✓ 92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 557 Pressman St. 14-01 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edward White

(a) RESIDENCE NO. 557 Pressman ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carrie White

6 DATE OF BIRTH (month, day, and year) Feb 16, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter Op

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co Md

PARENTS

10 NAME OF FATHER James White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Carrie White 557 Pressman St

15 Filed MAY 15 1933 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1933

17

I HEREBY CERTIFY, That I attended deceased from Mar 14, 1933, to May 13, 1933

that I last saw him alive on May 12, 1933

and that death occurred, on the date stated above, at 630 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

5/13, 1933 (Address) 1908 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 5/16/1933

20 UNDERTAKER Wm. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

IMPORTANT—Physician will please fill in plain terms, so that it may be properly classified. Read attention to OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 90415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90415

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St. 10-41 Ward)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Lucas

(a) Residence: No. 712 Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Lucas

6. DATE OF BIRTH (month, day, year) June 15-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Mark Posey

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Ellen Willenton

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 5/17/ 33

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1612 Mt Heil Ave

20. FILED MAY 16 1933 19 ..... Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-29 1932 to 5-15 1933

I last saw her alive on 5-15 1933 Death is said to have occurred on the date stated above, at 1.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma Rectum c regional Metastases	1930
Secondary Anemia	

Other contributory causes of importance:

Bronchopneumonia	5/15/33

Name of operation No Date of .....

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alan Brues Jr. M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90416

CERTIFICATE OF DEATH

124 E 90416

1. PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. St., 10 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Jordan

(a) Residence: No. 727 Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary Jordan

6. DATE OF BIRTH (month, day, year) ? / 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
? 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Jordan

(Address) 727 Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 5/18/ 33 19

19. UNDERTAKER Mrs. Sho. H. Adams

(Address) 1631 E. Monument St

20. FILED Huntington Williams M.D. Registrar

MAY 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1933 to 5-14 1933

I last saw him alive on 5-14 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Carcinoma of the Liver	5-14-33
	about
Other contributory causes of importance:	
Bronchial Pneumonia	5-10-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Hayes M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90417

CERTIFICATE OF DEATH

48

E 90417.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) St. 14-01 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Raab

(a) Residence: No. 1611 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonard A Raab

6. DATE OF BIRTH (month, day, year) Aug 19 - 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, day, year) Dec 1 1933

11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (city or town) (State or country) Frantz Town Md.

FATHER

13. NAME Thomas Nash

14. BIRTHPLACE (city or town) (State or country) Woodstock Carroll Co Md.

MOTHER

15. MAIDEN NAME Mary Nauss

16. BIRTHPLACE (city or town) (State or country) Uniontown Md

17. INFORMANT Austin B Nash (Address) 400 Pendrawood St

18. BURIAL, CREMATION, OR REMOVAL Place Frantz Md Date May 17th 1933

19. UNDERTAKER Charles P Towles (Address) 2904 Edmondson Ave

Huntington Williams, Jr
Registrar.

FILED MAY 18 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 - 33. 19

22. I HEREBY CERTIFY, That I attended deceased from May 2 - 33. 19 . to May 15 - 33. 19

I last saw h.r alive on May 15 - 33. 19 . Death is said to have occurred on the date stated above, at 6:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix + Bladder	
Broncho Pneumonia	May 15-33

Other contributory causes of importance:

Acute Sepsis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S Bernard Jr M. D.

(Address) University Hospital

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90418

VE 90418

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Carswell Street ST., 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Rohrman

(a) RESIDENCE NO. 1509 Carswell Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ernest Rohrman

6 DATE OF BIRTH (month, day, and year) April 2, 1867

7 AGE Years	Months	Days	If LESS than 1 day, 1 hr. or 1 min.
66	I	I2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover Germany

PARENTS

10 NAME OF FATHER William Mirkes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Charles Rohrman 1509 Carswell Street

15 Filed MAY 16 1933, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1933

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to May 14, 1933, that I last saw her alive on May 14, 1933, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-Vascular Disease (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Chas W. Edmunds, M. D.

, 19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County

DATE OF BURIAL 5-17-33, 19

20 UNDERTAKER George J. Ruth Inc

ADDRESS 122 Hanford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 90419 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90419

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... da.

2. FULL NAME Delia Libertini

(a) Residence: No. 1309 N. Central Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Libertini

6. DATE OF BIRTH (month, day, year) 4/10/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Chas. Festiva

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lucy Libertini
(Address) 1309 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/18/33

19. UNDERTAKER George J. Keith Sons
(Address) 1733 Eutaw Place

20. FILED MAY 15 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/14/33, 19..., to 5/15/33, 19...

I last saw her alive on 5:20 pm 5/15, 1933. Death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Diabetic Coma	5/13/33
(2) Uremia	5/13/33
(3) Bronchopneumonia	5/14/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Lazar M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

Dr. Fred Hermann, 913 E. Balto St. Wdy 3858

B 90420 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 90420

CERTIFICATE OF DEATH

117-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N. Gay St. 5-01 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Joseph Beard

(a) Residence: No. 224 N. Gay St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Florence Beard

6. DATE OF BIRTH (month, day, year) Mar 24th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self 043

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John J. Beard

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Florence Beard
(Address) 224 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 17th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 16 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/1/33, 19... to 5/15/33, 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	1929
Chronic Bronchitis	

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) F. W. Hermann, M. D.

(Address) 1710 E 33rd St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

Dr Rogizka 800 N. Patterson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90421.

CERTIFICATE OF DEATH

48 E 90421

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 N. Robinson St., 7-01 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Thiel

(a) Residence: No. 637 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of George Thiel

6. DATE OF BIRTH (month, day, year) Feb 19th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Practical

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Justice Sandrock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Schroeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Fehrer

(Address) 637 N. Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date May 17th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 16 1933 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to May 15 1933

I last saw her alive on May 11 1933 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma 1st	about 1 yr
Arrest 1st Uterus	1 yr
General Intoxication	4 yrs
Other contributory causes of importance:	
Acute Cardiac Dilatation	day

Name of operation Hysterectomy Date of operation May 2 1933

What test confirmed diagnosis Path Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Rogizka M. D.

(Address) 800 N Patterson Ave

~~state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.~~

M. D. B. 1268-9

Alfred H.A.Mayer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90422

CERTIFICATE OF DEATH

E 90422

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 Eutaw Place St., or Ward) 13-11

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. A H A Mayer

(a) Residence: No. 2438 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace E Mayer

6. DATE OF BIRTH (month, day, year) July 13 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Henry Mayer

14. BIRTHPLACE (city or town) (State or country) Wurzburg Germany

MOTHER

15. MAIDEN NAME Charlotte Meyer

16. BIRTHPLACE (city or town) (State or country) Wurzburg Germany

17. INFORMANT Dr. S. S. Mayer (Son)

(Address) Hotel Belvedere

18. BURIAL, CREMATION, OR REMOVAL

Place Chevra Shalom Cem. Date May 17, 1933

19. UNDERTAKER Hurd Bondurant & Son

(Address) 1923 Eutaw Place

20. FILED MAY 16 1933, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to May 15, 1933

I last saw h alive on May 15, 1933 Death is said to have occurred on the date stated above, at 8 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Primary) Left	Feb 1932 ?
Other contributory causes of importance: Myocarditis	Chron

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Dixon, M. D.

(Address) 3704 Dit. Hts. Ave.

State age in years, months and days if less than 1 year. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90423

CERTIFICATE OF DEATH

E 90423

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Leeindale St. 27-01 Ward)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Moses Collector

(a) Residence: No. Belvedere & Greenspring Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Collector

6. DATE OF BIRTH (month, day, year)				
7. AGE	Years. 78	Months	Days	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sigmund Turnbloff

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Wilson Date 5-16- 1933

19. UNDERTAKER Jack Levin Inc. (Address) 1433 E. Baltimore St. Huntington Williams, Reg.

FILED MAY 15 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1930 to 5-15 1933

I last saw h.m alive on 5-15 1933 Death is said to have occurred on the date stated above, at 2 30 P. m.

The principal cause of death and related causes of importance were as follows: Coronary thrombosis Chr. card. vascular disease — Date of onset 3-15-33

Other contributory causes of importance: Chr. Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If m...

(Signed) H. Edmund Kerr M. D.

(Address) Leeindale

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 90424 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90424

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Streeper St. St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anton Grein or Green.

(a) Residence: No. 512 S. Streeper St. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Nov. 3 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Blasus Grein.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Veronica ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. William Denver (~~Sister~~)
(Address) 512 S. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date May 19 '33

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED MAY 16 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933, to May 15, 1933.

I last saw h[im] alive on May 14, 1933. Death is said to have occurred on the date stated above, at 5 H m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 25 '33
	1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
✓ If so, specify .....

(Signed) Caleb R Athey M. D.

(Address) 100 S. Patterson Park Ave

Information should be carefully supplied. Any blanks which cannot be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 90425 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90425

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 S. Charles St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6a yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christian Kley

(a) Residence: No. 1631 S. Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Kley

6. DATE OF BIRTH (month, day, year) July 3, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Valve Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cons. Gas & Elec Co.

10. Date deceased last worked at this occupation (month and year) Sick bed on Dec 1932

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Kley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna E. Kley

(Address) 1631 S Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date May 18, 1933

19. UNDERTAKER Wm H. McGuire Sons

(Address) North & Penna Aves

20. FILED MAY 16 1933 Huntington Wills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1933 to May 16, 1933

I last saw h. im alive on May 15, 1933 Death is said to have occurred on the date stated above, at 4.10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute La Grippe & Cerebral Hemorrhage	4.17.33
Other contributory causes of importance:	
Exhaustion	5.15.33

Name of operation None Date of —

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Campbell M. D.

5/17/33 (Address) 1674 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90426 E 90426

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH Md Gen Hospital Registered No.

CITY OF BALTIMORE: (No. 20-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Goddard

(a) Residence: No. 3409 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lewis Goddard

6. DATE OF BIRTH (month, day, year) March 3 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wans Anns Co Md

FATHER

13. NAME John Lamb

14. BIRTHPLACE (city or town) (State or country) Queen Anns Co Md

MOTHER

15. MAIDEN NAME Alice Hunter

16. BIRTHPLACE (city or town) (State or country) Queen Anns Co Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date May 17 1933

19. UNDERTAKER Wm Guckaw Sons
(Address) Hartington Md

19 Registrar.

MAY 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-25-33 1933 to 5-14-33 1933

I last saw h alive on 5-13-33 1933 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	4-29-33

Other contributory causes of importance:

Myocardial failure	5-13-33

Name of operations: Tonsilectomy Date of 5-13-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 1933

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Md Gen Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90427

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90427.

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Balto City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ... St., 13-01 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James H Johnson

(a) Residence: No. 153 N Henrietta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Vida Johnson

6. DATE OF BIRTH (month, day, year): 3-19-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 051

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Concord N.C

MOTHER FATHER

13. NAME: Charles Johnson

14. BIRTHPLACE (city or town) (State or country): Concord N.C

MOTHER

15. MAIDEN NAME: Anna Hamlet

16. BIRTHPLACE (city or town) (State or country): Concord N.C.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Natl Cem Date: May 18, 1933

19. UNDERTAKER: Joseph A Lively
(Address): 1199 E Mount St

20. FILED: MAY 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/13 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1933 to 5-13, 1933

I last saw him alive on 5-13, 1933 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculus - Aortic Stenosis	Jan 1933
Other contributory causes of importance: Bronchopneumonia	5/7/33

Name of operation: Nephrotomy Date of: 5/8/33

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm Bruce Schaefer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

904285 6 27 24

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90428

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Williamson

(a) Residence: No. 240 N Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married Separ

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year) 6-3-02

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. Wf

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME Henry Brown

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Josephine Dent-

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date May 16, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED MAY 19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, year) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933 to May 6, 1933

I last saw her alive on May 6, 1933. Death is said to have occurred on the date stated above, at 10 05 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	May 1st
Other contributory causes of importance: Tuberculous Meningitis	May 1st

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 90429 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90429

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3305 Elmora Ave St., 18th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary F Batchelar

(a) Residence: No. 3305 Elmora Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 5/10/1872

7. AGE: 61 Years | 6 Months | 4 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Daniel Price
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs E Reeley
(Address): 3305 Elmora Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: 5/17/1933

19. UNDERTAKER: J J Fahey & Bro
(Address): 1308 Light St

20. FILED: ... Registrar.

Y 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1933 to May 14, 1933
I last saw her alive on May 13, 1933 death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	

Other contributory causes of importance:

Terminal Bronchopneumonia	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) E. H. Tonolla M. D.
(Address) 817 Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90430 90430

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

CITY OF BALTIMORE: (No. St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Conroy

(a) Residence: No. 425 Calvin ave. St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) November 3, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Cockran

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth King

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 17, 1933

19. UNDERTAKER Richard F. Cunley

(Address) 700 E. North ave

Huntington Williams M.D.

20. FILED MAY 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933 to May 14, 1933

I last saw her alive on May 14, 1933. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1932
Arteriosclerosis	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90431

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90431

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 E. Preston St. 7-61 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine V. Keeley.

(a) Residence: No. 834 E Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Laurence J. Keeley.

6. DATE OF BIRTH (month, day, year): J. 1867

7. AGE: Years 66 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: William Gately

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Gately

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs J. B. Mullin

(Address) 2015 Olst. N W. Washgtn. D C.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 17, 1933

19. UNDERTAKER: John A. Tyson

(Address) 3000 E. Baltimore St.

20. FILED MAY 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/6 1933 to 5/14 1933

I last saw her alive on 5/14 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/6/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Leonard Loss M. D.

(Address) 1716 E Colvert St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Laura V. Boteler. ✓

90432

HEALTH DEPARTMENT—CITY OF BALTIMORE

90432

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura V. Boteler

(a) Residence: No. 2002 Aiken St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date May 17, 19 33

19. UNDERTAKER Harry A. Cutler
(Address) 1101 E. Fayette St.

20. FILED MAY 16 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1924 to May 15, 1933

I last saw h... alive on May 15, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	?

Other contributory causes of importance:

Failure of Compensation	April ? 33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... ?, 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wallace Lovejoy, M. D.

(Address) 3136 Wilkens Ave

M. D. B. 1266-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90433

CERTIFICATE OF DEATH

E 90433

24-01 178-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St. (or Ward)

Length of residence in city or town where death occurred 44 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 44 yrs. ---- ds.

2. FULL NAME Rose Walters.

(a) Residence: No. 1713 Jackson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, husband of (or) wife of: Joseph Walters.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Joseph Babka. (son)
(Address) 1713 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 17 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

Huntington Terrace, Md.

MAY 17 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ---- 19 ---- to ---- 19 ----

I last saw h alive on ---- 19 ---- Death is said to have occurred on the date stated above, 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Illuminating gas Poisoning.	5/13/33
Cerebral Hemorrhage.	

Other contributory causes of importance:

Name of operation None Date of ----

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 5/13/33 19 ----
Where did injury occur? 1713 Jackson st.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home.
Manner of injury Accidental Gas poisoning.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt Coroner, M. D.
(Address) 1017 E. Charles st. 5/16/33

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 90434 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90434

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5113 Roland (St.) 27-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 21 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds. 73 5 21

2. FULL NAME Mary Grace Crook

(a) Residence: No. 5113 Roland Av St., Ward. Resident.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward D. Crook

6. DATE OF BIRTH (month, day, year): Nov 24 1859

7. AGE: Years 73 | Months 5 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: John A. Stoner
14. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

MOTHER
15. MAIDEN NAME: Catherine Formelis
16. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

17. INFORMANT: Mr. Howard E. Crook-Son
(Address): Edmondson Av-Nr Bond

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: May 17 1933

19. UNDERTAKER: Stewart & Co Inc
(Address): 108 W North Ave

FILED: MAY 17 1933 Evington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-15-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932 to May 15 1933

I last saw h.. alive on May 14 1933. Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6 Yrs Standing
Arterio-Sclerosis	

Other contributory causes of importance:

Patient has had two Hemiplegic attacks in the past year

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jefferis Bond M. D.

(Address) 1402 E. Eutaw Pl.

Baltimore Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Colhouer ✓

E 90435 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90435

CERTIFICATE OF DEATH

152

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Washington Blvd Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Maggie M Colhouer

(a) Residence: No. 2327 Washington Blvd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo M Colhouer

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Richards

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Frances Timmons

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo M Colhouer

(Address) 2327 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5.18 .1933

19. UNDERTAKER Edward Tomlinson

(Address) 2327 Washington Blvd.

20. FILED MAY 17 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-5-33, 19 . to 5-16-33, 19

I last saw her alive on 5-16-33, 19 . Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extra Peri-operative shock following operation for incision + drainage of extensive abscess of anterior abdominal wall	5-16-33
	3-15-33

Other contributory causes of importance:

Name of operation Incision + drainage of abdominal wall Date of 5-16-33

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. S. Cassell, M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90436

CERTIFICATE OF DEATH

107 E 90436

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 Baker St. 14-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Madeline Burris.

(a) Residence: No. 512 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Fml 4. Color Wh Race 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 8 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ethan Burris

14. BIRTHPLACE (city or town) (State or country) St Michaels Md

MOTHER

15. MAIDEN NAME Rhoda Langston

16. BIRTHPLACE (city or town) (State or country) Pocahontas Va

17. INFORMANT Lennie Burris
(Address) 512 Baker

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5/17/33

19. UNDERTAKER Mrs. Geo. E. Holland
(Address) 763 Daniel Hilleary
FILED MAY 17 1933 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 16 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on and death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset
3 Days

Other contributory causes of importance: None.

Nature of operation Date of

What test confirmed diagnosis Were an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leech Coroner M. D.
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90437

CERTIFICATE OF DEATH

210 E 90437

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter S. Lee

(a) Residence: No. 937 Shield's Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultney Coal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John A. Lee

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Amanda Wortham

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Georgie McArthur (sister)

(Address) 1024 Bennett St- Wilmington, Del.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorly Manor Va Date 5-17- 1933

19. UNDERTAKER David Eaton

(Address)

MAY 17 1933 Filed E. Eugene Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Fractured jaw-ribs-clavicle Dec 27/3	
Lung abcess-pneumonia	4/6/33

Other contributory causes of importance:

Toxemia	4.6/33

Name of operation Wiring lower jaw Date 3/7/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident of Injury . 19

Where did injury occur? 1918 Harford Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Caught between coal truck

Nature of injury and bail of paper.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.

(Address) 5062 York Rd Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90438

E 90438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 N. Charles St. 12-01 Ward)

Length of residence in city or town where death occurred 81 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie Ross Keighe

(a) Residence: No. 3401 N. Charles (Greenway apts) St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Keighe

6. DATE OF BIRTH (month, day, year) June 25-1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No occupation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City, Md

FATHER

13. NAME Charles L. Ross

14. BIRTHPLACE (city or town) (State or country) Sussex Co., Del.

MOTHER

15. MAIDEN NAME Clara A. Green

16. BIRTHPLACE (city or town) (State or country) Sussex Co., Del.

17. INFORMANT Jno N Cornelius

(Address) 257 Charles St, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date May 18 1933

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) Orchard & Abell Sts

Filed MAY 17 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.16. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to May 16 1933

I last saw h.er alive on May 16 1933 Death is said to have occurred on the date stated above, at 10.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	May 12 1933

Other contributory causes of importance:

Terminal Pneumonia	May 13, 33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elmer C. Clarke M. D.

5.16.33 (Address) Latrobe Apts.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10—M. & T.—100 B—50L

E 90430 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90439

94002

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 E-Baltimore, St ST., 6-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew L. Hilla

(a) RESIDENCE NO 2914 E-Baltimore, Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced M.
HUSBAND of ~~[illegible]~~ Catherine Hilla

6 DATE OF BIRTH (month, day, and year) Aug, 17-1880

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	9	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant Grocery
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Hilla

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Karoline Osakiewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Catherine Hilla
(Address) 2914 E-Baltimore, Street

Filed MAY 17 1933 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

2 cert

16 DATE OF DEATH (month, day, and year) May 16th 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probable Coronary Thrombosis

(duration) ..... yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? ..... no
What test confirmed diagnosis? Had been patient at Sinai Hospital

(Signed) [signature] M. D. Coroner
(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery

DATE OF BURIAL May 19th 1933

20 UNDERTAKER George A Weber

ADDRESS 705 E ann st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
TION is very important See instructions on back of certificates.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90440

E 90440

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dunsmore St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Hayes

(a) Residence: No. 719 N Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 - 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Rufus Hayes

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Anna Leathers

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Anna Leathers

(Address) 719 N. Carrollton Ave

18. BURIAL, CREMATION, REMOVAL Durham N. C. Date 5/20, 1933

19. UNDERTAKER Bernard P. Hawley

(Address) 218 Lund St. Durham N. C.

Huntington Williams Asst. Registrar.

MAY 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1933 to 5-16, 1933

I last saw her alive on 5-16, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 mos.

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. Harris M. D.

(Address) Provident Hosp

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90441

CERTIFICATE OF DEATH.

82 E 90441

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1017 E Baltimore St. 4-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Snowden.

(Residence in Baltimore: No. 1502 E Madison St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. Col

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) married

6-DATE OF BIRTH, June (Month) 4 (Day), 1899 (Year)

7-AGE, 33 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): a23

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Joseph C Snowden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elka Mast

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Snowden

(Address) 46 Bradley Ct

15-

Filed....., 191....

Registrar.

MAY 17 1933

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14th (Day), 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to May 14, 1933, that I saw h in alive on May 14, 1933, and that death occurred, on the date stated above, at 10:38 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral embolus

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. W. Andrews M. D.

May 14, 1933 (Address) 1017 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. In the State 15 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem

DATE OF BURIAL, May 17, 1933

20-UNDERTAKER Bernard C. Hensley Drug Store

ADDRESS 818

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90442

CERTIFICATE OF DEATH

122-001 E 90442
Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 4-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ray Pimes

(a) Residence: No. 6 N. Pearl St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alexander Pimes

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Pimes

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ella —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David L Pimes
(Address) 6 N. Pearl St

18. BURIAL, CREMATION, OR REMOVAL
Place New York Road Date 5-18-, 1933

19. UNDERTAKER Jack Pines Inc
(Address) 17 [illegible] Huntington Wilmore, N.Y.

MAY 17 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-30-33, 19 ..... to 5-16-33 19 .....

I last saw h... alive on 5-16-33 19 ..... Death is said to have occurred on the date stated above, at 3 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, tuberculous	
Vaginal hysterectomy + bilat.	
inguinal lymphadenectomy	

Other contributory causes of importance:

Name of operation Vaginal hysterectomy Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [illegible] M. D.

(Address) University Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

3608 Sequoia. ✓

E 90443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90443

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Shirley ave St., 15-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Liba Jacobson

(a) Residence: No. 2612 Shirley ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob L. Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anne Weiner
(Address) 2612 Shirley ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship 5-17-33, 19..

19. UNDERTAKER Joseph Levin Sons
(Address) 1939 E. Baltimore

FILED MAY 17 1933, 19.. Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933 to May 16, 1933

I last saw her alive on May 16, 1933 Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	May 2
Fibroid Uterus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm A Tubert, M. D.

(Address) 3608 Sequoia Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90444

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hosp 121

CITY OF BALTIMORE: (No. Lubeland & Bayne St., 19-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carl H Braun (Braun)

(a) Residence: No. 307 S. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19th 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August R Braun

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Eirman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Braun

(Address) 307 So Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/19/33

19. UNDERTAKER John J Cowan Inc

(Address) 901 Hollins St

20. FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1933 to May 16, 1933

I last saw him alive on May 16, 1933. Death is said to have occurred on the date stated above, at 5:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	
Septic Peritonitis	4/20/33
Bronchio-pneumonia	4/29/33
Gangrenous	5/10/33

Other contributory causes of importance:

Name of operation Appendectomy Date of 4/22/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip F. Lerner M. D.

(Address) 3rd Baltimore General Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 90445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90445

92-006 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 356 W Biddle St. 11-01 (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard E Ransome Jr.

(a) Residence: No. 356 W Biddle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Ransome

6. DATE OF BIRTH (month, day, year) 1881

7. AGE 52 Years	Months	Days	If LESS than 1 day, hrs. or min.
	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews co Va

FATHER

13. NAME Richard E Ransome

14. BIRTHPLACE (city or town) (State or country) Matthews co Va

MOTHER

15. MAIDEN NAME Julia Kent

16. BIRTHPLACE (city or town) (State or country) Matthews co Va

17. INFORMANT Laura Ransom
(Address) 356 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hebron Mem Date 5/17 1933

19. UNDERTAKER Samuel F Hemsley
(Address) 578 W Biddle St

20. FILED [illegible] Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 6th, 1932 to May 14th, 1933

I last saw h[illegible] alive on May 14, 1933. Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis was principal cause of death having origin with Rheumatism Cardiac Complicated with cardiac asthma	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) N. Trautvetter M. D.

(Address) 356 W. Biddle St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90445

CERTIFICATE OF DEATH

E 90446

Registered No. 93-903

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 N. Smallwood St., 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Davis

(a) Residence: No. 2022 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Davis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Abraham Davis

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Sheehan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nettie Neale - Daughter

(Address) 2212 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mark Pl Cemetery Date 5-17-33

19. UNDERTAKER Jack Leslie Inc

(Address) 1429 E. Lombard St

FILED MAY 17 1933 H. Custer Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on May 9 1933 said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90447.

CERTIFICATE OF DEATH

1081 E 90447.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St.) 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward F. Daniel Jr.

(a) Residence: No. Cambridge Apts. 34th & Charles Sts Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs E F Daniel L. King

6. DATE OF BIRTH (month, day, year) Sept 28, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Mngr. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Amer Agricultural Chemical Co

10. Date deceased last worked at this occupation (month and year) May 13 1923

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edw F. Daniel Sr.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jennie Virginia Hannah

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT wife.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Charlotte Court House Va. Date May 18, 1923

19. UNDERTAKER Henry W. Jenkins Son Co
(Address) McCulloh & Richards Sts

MAY 17 1923 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1923

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1923, to May 16, 1923

I last saw h[illegible] alive on May 16, 1923 Death is said to have occurred on the date stated above, at 9 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5-13-23
Hypertensive heart disease	1920

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mary L. Hecht M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90448

CERTIFICATE OF DEATH

E 90448

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Chesterfield Ave St. Ward) 17th

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Freyer

(a) Residence: No. 2633 Chesterfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Freyer

6. DATE OF BIRTH (month, day, year) Oct 23 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Peter Myers

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hammer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Clinton Dawson
(Address) 2633 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 17 1933

19. UNDERTAKER J. Herman Kellner
(Address) 1911 Eastern Ave

20. FILED MAY 17 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to May 15 1933
I last saw her alive on May 15 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	

Other contributory causes of importance:

Gall stones.	
Pleurisy.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Wash. St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90449

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 90449

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Aged Men Home

Registered No. 19-01

CITY OF BALTIMORE: (No. 1400 W Lexington St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W Knight

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 74	7	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm H Knight

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Almira Lockwood

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Forestal
(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 18, 1933

19. UNDERTAKER George L Smyth
(Address) 1532 Hollins St

FILED MAY 17 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1932 to May 17, 1933

I last saw h[illegible] alive on May 16, 1933 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Duration
A Apoplexy	3 Wks

Other contributory causes of importance:

Arteriosclerosis	27 Yrs
Hypertension	2 Yrs

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B Jones M. D.

(Address) 1115 St. Paul St.

A. B.—WRITE PLAINLY, with unfading ink. The information given in this CERTIFICATE is a PERMANENT RECORD, and MUST be information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90450

E 90450

CERTIFICATE OF DEATH

71-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rennert Hotel St., 4-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victor W. Babcock

(a) Residence: No. Rennert Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mae Babcock

6. DATE OF BIRTH (month, day, year) Jan. 21 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector Mains

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power Depart. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) 4/1/33

11. Total time (years) spent in this occupation 15 22

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Babcock

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mae Babcock

(Address) Waltham Mass.

18. BURIAL, CREMATION, OR REMOVAL

Place Natl Cem. Arl. Date 5/17/33

19. UNDERTAKER Harry A. Burke & Son

(Address) 410 Cathedral St.

Huntington Wilkerson, Jr.

Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on June , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Pernicious Anaemia

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address) 700 E Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

E 90451

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 3-01 (Ward)

Length of residence in city or town where death occurred 33 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victor Baranowski

(a) Residence: No. 528 Thames St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Jan - 11 - ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33 ?	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Baranowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Margaret Gablowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 18, 19 33

19. UNDERTAKER J. V. Krasenski
(Address) 1930 Eastern Ave

MAY 17 19 33 19 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9 1933 to May 17 1933

I last saw h.. alive on May 17 1933 Death is said to have occurred on the date stated above, at 1120 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Other contributory causes of importance:	
Myocardial failure	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magee M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90452

CERTIFICATE OF DEATH

134 VE 90452

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Nasuta

(a) Residence: No. 412 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) December 18, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pocketbook Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Nasuta

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Elizabeth Cerniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Elizabeth Ganzemiller (Mother)
(Address) 412 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
St. Stanislaus Cem. May 19. 1933
Place Date 19

19. UNDERTAKER Henry Sander & Sons. Inc. Henry J. Sander.
(Address) Baltimore St. & Broadway.

FILED MAY 17 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16 . 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to May 16, 1933

I last saw h... alive on May 16, 1933 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Renal Calculi	?
Uremia	Dec ?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Edmund Bradley M. D.
(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90453

E 90453

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 S. Robinson St., 1-21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Mauler

(a) Residence: No. 333 S. Robinson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George E. Mauler

6. DATE OF BIRTH (month, day, year) Aug. 24. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anthony J. Thim (Daughter)

(Address) 333 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cemetery Place May 18. 1933 Date 19

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore St. & Broadway

FILED MAY 17 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Klingeman Coroner, M. D.

(Address) 1302 N. Patterson Park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90454

E 90454 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Addie Ballard

(a) Residence: No. 914 Boyd St St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 17, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Huntington Williams, M.D.

MAY 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to May 12, 1933

I last saw her alive on May 12, 1933 Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Pulmonary Edema	
Bronchial Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert H Kerness M. D.

(Address) St Josephs Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 90455 E 90455

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Fulton Ave. St. 14-ct Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. McLean

(a) Residence: No. 321 N. Fulton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula J. McLean

6. DATE OF BIRTH (month, day, year): March 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Installer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C & P Telephone Co

10. Date deceased last worked at this occupation (month and year): April 22, 1933

11. Total time (years) spent in this occupation: 19 yrs

12. BIRTHPLACE (city or town) (State or country): Alpha, Md.

FATHER

13. NAME: Arthur McLean

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ruth E. Hobbs

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mr. Frank McLean
(Address) 111 Oakdale Ave., Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. View Cemetery, Howard County, Md. Date: May 19, 1933

19. UNDERTAKER: Harford Cook
(Address) 1003 W. Baltimore St.

20. FILED ... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 16, 1933

I last saw him alive on May 16, 1933 Death is said to have occurred on the date stated above, at 10.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	about May 1

Other contributory causes of importance:

Arteriosclerosis	many years

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) A. A. Nichols, M. D.

(Address) Clarksville, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 7 1933

M. D. B. 1268-9

E 90456

E 90456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

272966

X 82-002

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-0 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Smith

(a) Residence: No. 200 Archer St St., Ward. Belair md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amelia

6. DATE OF BIRTH (month, day, year) 6/3/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	41	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Dick Smith

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Fannie Bell

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Fawn Grove Date 5/20 1933

19. UNDERTAKER W. H. Wyatt

(Address) Fawn Grove Pa

20. FILED ..... By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-17- 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1933 to May 17th 1933

I last saw him alive on May-17 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Cavernous Sinus Thrombosis — Date of onset 5-6-33

Other contributory causes of importance:

Dental infection with osteomyelitis of the left lower jaw. 4-27-33

Name of operation None Date of .....

What test confirmed diagnosis? C Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I R Trimble M. D.

(Address) Johns Hopkins Hosp

INFORMATION: WRITE PLAINLY, WITH LEAD PENCIL. This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MA

Spec.—12-9-25—A Co.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90457 — E 90457

CERTIFICATE OF DEATH.

82-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2421 Kinsock R. St., 27 (Ward) 1

2-FULL NAME Lnora F. Bange

(a) RESIDENCE NO. 2421 Kinsock Rd St. 27 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin C. Bange

6 DATE OF BIRTH (month, day, and year): June 19, 1866

7 AGE: Years 66 | Months 10 | Days 28 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Household duties

(c) Name of employer

9 BIRTHPLACE (city or town): Manchester

(State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Ephraim W. Decker

11 BIRTHPLACE OF FATHER (city or town): unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Decker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Carroll Co. Md

14 Informant: Daught

(Address): 2421 Kinsock Rd

15 Filed MAY 17 1933, 19 Registrar: Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2421 Kinsock Rd May 16 1933

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 16, 1933, that I last saw h[illegible] alive on May 16, 1933, and that death occurred, on the date stated above, at 12.25A. m.

The CAUSE OF DEATH* was as follows:

~~Cerebral Hemorrhage~~

Arteriosclerosis

Indefinite

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (non traumatic)

(duration) ..... yrs. ..... mos. 5 ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Parasypis

(Signed) S. R. Wantz M. D.

5/16 1933 (Address) 2601 Manhattan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — Date of Burial: May 19 1933

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

MAY 17 1933

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90458

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5008 Frederick Ave St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred Mohr

(a) Residence: No. 5008 Frederick Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Mohr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Haas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Toh

(Address) 5008 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 18 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 17 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1933 to May 15 1933

I last saw h.im alive on May 10 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	abt Nov. '32
Other contributory causes of importance: Hemorrhage	30 min

Name of operation ..... Date of .....

What test confirmed diagnosis? Hem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C Wesley Smith M. D.

(Address) 817 Park Ave.

E. 1.—NAME PLAINLY, WITH GIVEN NAME IN FULL. THIS IS A PERMANENT RECORD. EVERY ITEM OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90459

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Sorrento Ave) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Fisher

(a) Residence: No. 103 Sorrento Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Frank Fisher

6. DATE OF BIRTH (month, day, year): Jan 21st 1861

7. AGE: Years 72 | Months 3 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Frederick W. Kiemeyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Frank

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Frank Fisher

(Address) 103 Sorrento Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: May 18th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul st.

20. FILED: MAY 17 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 16th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933. to May 16, 1933. last saw ~~her~~ alive on May 16, 1933. Death is said to have occurred on the date stated above, at 1 20 p m.

The principal cause of death and related causes of importance were as follows:

Endocarditis Uremia
Uremia; Chronic Nephritis
Senility - Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Pulmonary Edema.

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Hubert C Peters M. D.

(Address) 2151 Arlington ave.

N. B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1934

E 90460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90460

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St. 25-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Corane

(a) Residence: No. 3900 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry M. Corane

6. DATE OF BIRTH (month, day, year) 11-3-? 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	56	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Easterfield

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Jennie Hopkins

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records Balto. City Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 18th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15-33

22. I HEREBY CERTIFY, That I attended deceased from 5-8 . 1933 to 5-15 . 1933

I last saw h[illegible] alive on 5-15 . 1933 Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Hypertension Hypertension	? ? ?

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-16-33 (Signed) Elmer Highbarger M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 17 1933

M. D. B. 1268-0

E 90461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90461

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1669-Cliftview Ave. St., 8-G Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. da.

2. FULL NAME George C. Raabe

(a) Residence: No. 1669-Cliftview Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna C. Raabe(Dignan)

6. DATE OF BIRTH (month, day, year) 1/5/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Die-Sinker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Raabe, son

(Address) 1669 Cliftview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Date 5/20/33, 19

19. UNDERTAKER Geo. C. Rueth Co.

(Address) 453 Hastings Lane

20. FILED MAY 17 1933 by Wilhelmina Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 '33, 19 33 to May 17, 1933

I last saw h alive on May 17, 19 33. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and Endocarditis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter P. Thomas, M. D.

(Address) 3136 Sanford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90462

E 90462

CERTIFICATE OF DEATH

115-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No.) St., 15 (Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Bailey Sr.

(a) Residence: No. 626 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Bailey

6. DATE OF BIRTH (month, day, year) 5-30-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northampton Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Northampton Va

MOTHER

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) (State or country) Northampton Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 18, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. Filed MAY 17 1933 Henrietta Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1933 to 5-15, 1933

I last saw h[illegible] alive on 5-15, 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Syphilis Left Paralysis (Hemorrhage)	5/10/33
Other contributory causes of importance: Myocardial failure	5/15/33
Name of operation Incision abscess	Date of 5/13/33

What test confirmed diagnosis? C F Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Boyer Jr. M.D.
(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 90463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90463

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 E. 20th St. 12-01 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen V. Foy

(a) Residence: No. 306 E. 20th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME James Foy

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett Cruser

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs. Harriett F. Plummer
(Address) St. Michaels, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemty Date May 18, 1933

19. UNDERTAKER John C. Rutherford & Sons, inc.
(Address) 1900 Eutaw Place

20. FILED MAY 18 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to May 16 1933

I last saw her alive on May 16 1933. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation No. Date of ...

What test confirmed diagnosis? No. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify Depression helpless cond more quiet

(Signed) ... M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90464 E 90464

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Harry Siegel

(a) Residence: No. 2627 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Siegel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Siegel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lillie Siegel
(Address) 2627 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt. Carmel Date 5-18- 19 33

19. UNDERTAKER Jack Levine Inc
(Address) 1731 E Baltimore St

20. FILED MAY 18 1933 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1932 to May 17 1933
I last saw him alive on May 17 1933 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the penis & metastases	1932 (?)

Other contributory causes of importance:

Name of operation Amputation of penis Date of 12/27/32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel L Levin M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90465

E 90465 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. B. Gen. Hosp St. 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Harry Feldman

(a) Residence: No. 131 N. Callington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Harry F Hetta Friedman

6. DATE OF BIRTH (month, day, year) Aug 25-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	8	13 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Laster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 145

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Frank Feldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ~~Hetta~~ Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hetta Friedman
(Address) 131 N. Callington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date 5-18- 1933

19. UNDERTAKER Jack Kevis Inc.
(Address) 1739 E. Baltimore

20. FILED MAY 18 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-13-33, 19 to 5-17-33, 19

I last saw him alive on 5-17-33, 19 Death is said to have occurred on the date stated above, at 3.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic myocarditis with	?
(2) auricular fibrillation	?
(3) Chronic nephritis with	?
toxemia	
Other contributory causes of importance	
I Generalized arteriosclerosis	?
C Senile hypertrophy of	
Prostate	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) M Mendelsohn M. D.

(Address) W B Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. E 90466

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Cardiff Ave. St. 26-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Catherine Blachlin

(a) Residence: No. 5201 Cardiff Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Blachlin

6. DATE OF BIRTH (month, day, year) October 4, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Doelfel (Daughter)

(Address) 5201 Cardiff Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls 5th Ref. Ch. Cem. Date May 20. 1933

19. UNDERTAKER Henry Sander & Sons. Inc. Eng. J. Ard.

(Address) Baltimore St. & Broadway.

MAY 18 1933

19. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from May 2 1933 to May 17 1933

I last saw her alive on May 15 1933 Death is said to have occurred on the date stated above, at 7.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual
Other contributory causes of importance:	
Acute Myocarditis	5/15/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Horace B. Tilton M. D.

(Address) 315 S. Highland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90467 E 90467

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Vincent St., 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grover Cleveland Richards

(a) Residence: No. 406 S. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia E. Baer

6. DATE OF BIRTH (month, day, year) Dec. 19, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. S. & A. R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm C. Richards

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Bishop

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Amelia E. Richards
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cem Date May 20, 1933

19. UNDERTAKER J. R. Bayers & Sons
(Address) 151 Hollins St

20. FILED Huntington Williams, Registrar

MAY 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933 to May 17, 1933

I last saw him alive on May 17, 1933 Death is said to have occurred on the date stated above, at 12:00 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Indef.	
Other contributory causes of importance:	
Odema of Lungs	2 days

Name of operation None Date of —

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. L. Lichtenberg M. D.

(Address) 1 W. Madison Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 90468

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 083 90468

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5405 Radecke ave St., [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary K. Christ

(a) Residence: No. 5405 Radecke Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles A. Christ

6. DATE OF BIRTH (month, day, year) Feb. 26 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME Herman Mortrup

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

MOTHER

15. MAIDEN NAME Margaret Pallmon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Christ
(Address) 5405 Radecke Ave

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Date May 20 1933

19. UNDERTAKER Frederick [illegible]
(Address) 7401 Belair Road

20. FILED MAY 18 1933 Huntington Williams, Mgr

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1931, to May 16th, 1933
I last saw her alive on May 16 1933 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Oct 1931

Other contributory causes of importance:

myocardial insufficiency	May 17

Name of operation ... Date of ...

What test confirmed diagnosis? Sign & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Bruce, M. D.
(Address) 1 W. Preston [illegible]

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90469

CERTIFICATE OF DEATH

E 90469

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hunterity Hospital

CITY OF BALTIMORE: (No. ..... St. W-Ave Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Elizabeth Hobbs.

(a) Residence: No. Lisbon Howard Co. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Hobbs

6. DATE OF BIRTH (month, day, year) 1861-4-16

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Maryland.

FATHER

13. NAME Charles McDonald.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Albert H Hobbs. (Address) Lisbon, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Rendue Cem Date May 20 1933

19. UNDERTAKER C M Maltz (Address) Westfield Md

20. FILED MAY 18 1933 Huntington Sullivan, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/18/33 . 19 . to 5/18/33 . 19

I last saw h alive on 5/18/33 . 19 . Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured femur	5/4/33
Other contributory causes of importance:	
Labor pneumonia	5/7/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5/4/33 . 19

Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell down stairs

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas O. Hunter, M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90470 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90470

CERTIFICATE OF DEATH

V 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1446 N. Mond (Street) 15-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Grandperson

(a) Residence: No. 1446 N. Mond Street Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 26 1868

7. AGE: Years 65 Months 1 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nonuel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Jas Carter Caroline Co Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rachel Matthews

16. BIRTHPLACE (city or town) (State or country) Caroline Co Md

17. INFORMANT Anna Grandperson

(Address) 1446 N. Mond

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5/18 1933

19. UNDERTAKER Samuel J. Hemler

(Address) 578 W Baltimore St

Huntington Williams Reg

MAY 18 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... and ..... is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1 year

Date of onset

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90471 — 59 E 90471

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1126 Dorn St. 17-61 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Anderson Davis

(a) Residence: No. 1126 Dorn St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elijah Anderson

6. DATE OF BIRTH (month, day, year) Dec 25 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Louisa Co Va

FATHER

13. NAME John Carr

14. BIRTHPLACE (city or town) (State or country) Louisa Co Va

MOTHER

15. MAIDEN NAME Marcha ?

16. BIRTHPLACE (city or town) (State or country) Louisa Co Va

17. INFORMANT Mrs Lillie Davis
(Address) 1126 Dorn St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 18, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

MAY 18 1933

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933 to May 15, 1933

I last saw her alive on May 15 1933 death is said to have occurred on the date stated above, at 7.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	May 11 33

Other contributory causes of importance:

Diabetic Gangrene Right Foot	Apr. 33

Name of operation None Date of .....

What test confirmed diagnosis Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. J. McKay, M. D.

(Address) 1126 Dorn St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90472

E 90472

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital St. 21-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Alt

(a) Residence: No. 710 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) May 10, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Vernon Alt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dalones Driezen

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Dalones Alt
(Address) 710 Carroll St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date May 18, 1933

19. UNDERTAKER Chas. Kuchauskas
(Address) 632 S Haven St

MAY 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 17, 1933

I last saw him alive on May 17, 1933. Death is said to have occurred on the date stated above, at 6 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	5/1/33
Other contributory causes of importance:	
Bronchopneumonia	5/15/33

Name of operation none Date of

What test confirmed? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Peter Mercantin M. D.

(Address) Lydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 90473 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90473

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. V 59

CITY OF BALTIMORE: (No. 1514 Druid Park Dr St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Seribner

(a) Residence: No. 208 Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Wesley Seribner 208 W. Appleton St

6. DATE OF BIRTH (month, day, year) June 22,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Harry Pulley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Harriet Va

17. INFORMANT Wesley Seribner
(Address) 208 Appleton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 22, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

MAY 19 1933 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1933 to 5-17, 1933

I last saw he alive on 5-17, 1933 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
acute Acidosis	
Other contributory causes of importance:	
Diabetic Gangrene R Leg	5-10-33
Uremia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. T Harris, M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90474

CERTIFICATE OF DEATH

94-001 E 90474

REGISTERED NO.

1—PLACE OF DEATH Md. Penitentiary

CITY OF BALTIMORE: (No. 954 Forest ST., 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Jarrell, Jr.

(a) RESIDENCE NO. 954 Forest ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Patsy O Jarrell

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank Cashier

(b) General nature of industry, business, or establishment in which employed (or employer) Cashier

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Goldsboro Maryland

PARENTS

10 NAME OF FATHER Robert Jarrell

11 BIRTHPLACE OF FATHER (city or town) Greensboro (State or country) Maryland

12 MAIDEN NAME OF MOTHER Addie Noble

13 BIRTHPLACE OF MOTHER (city or town) Preston (State or country) Maryland

14 Informant Mrs. Robert Jarrell
(Address) 6" Conduit St. Hampden Md.

15 Filed MAY 18 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17-1933

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to May 17, 1933, that I last saw him alive on May 17, 1933 and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris or Coronary Thrombosis

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr C. F. Ramos M. D.

5/7, 1933 (Address) 114 Mediterranean Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greensboro Md DATE OF BURIAL 5/20 1933

20 UNDERTAKER Woolcain Cook ADDRESS 1217 Eutaw

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90475 142-002 E 90475

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital (Ward) 11-01

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Chinault

(a) Residence: No. 304 W. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 11 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beauty Shop

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Caroline County Va.

FATHER

13. NAME Caseleus Chinault

14. BIRTHPLACE (city or town) (State or country) Caroline County, Va.

MOTHER

15. MAIDEN NAME Ada — not known

16. BIRTHPLACE (city or town) (State or country) Caroline County, Va.

17. INFORMANT Hospital Records
(Address) Md. Gen. Hospt

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Cem. Date May 19, 1933

19. UNDERTAKER W. M. Cook
(Address) 1217 E. Coul St

20. FILED MAY 19 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933 to May 17, 1933

I last saw her alive on May 17, 1933. Death is said to have occurred on the date stated above, at 10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Ectopic Phegnancy	5/11
Other contributory causes of importance: Toxemia	
Myocardial failure	5/15

Name of operation Rt. Salpingectomy Date of 5/11

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90476 E

CERTIFICATE OF DEATH

75V

E 90476

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Paton ne St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hellen G. Lamon

(a) Residence: No. 3311 Paton ne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solar.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Attorney Stone (col)
(Address) 3311 Paton ne

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Crem Co Date , 19

19. UNDERTAKER
(Address)

20. FILED MAY 18 1933 Huntington Williams NT
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12 , 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Stonesifer, M. D.
Coroner
(Address) 3632 Roland

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

M. D. B. 1268-9

E 90477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 90477

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Johnson

(a) Residence: No. 945 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE: Years 32 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Provident Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Monumental, Md. Date May 15, 1933

19. UNDERTAKER

(Address)

20. FILED ..... 19.... Registrar.

MAY 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Tuberculosis of throat	

Other contributory causes of importance:

Name of operation Negative Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leak Coroner, M. D.

(Address) Bonnie

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1284

E 90478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90478

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 [illegible] Ward.

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addison Ray Smith

(a) Residence: No. Timonium, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Burton Smith

6. DATE OF BIRTH (month, day, year) May 23, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown (not employed past 5 yrs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Austin Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Betz

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Moses S Hecht M.D.
(Address) Union Mem Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 20 1933

19. UNDERTAKER Clarence E. Arthur
(Address) Forks Md

20. FILED MAY 18 1933 Huntingtown Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933 to May 18, 1933.
I last saw him alive on May 18, 1933 Death is said to have occurred on the date stated above, at 4:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulo nephritis	unknown
Uremia	2 weeks
Anemia, secondary	2 years

Other contributory causes of importance:

Tuberculosis pulmonary, Chronic	?
Pleurisy c effusion, tuberculous, chronic & current	6 mo
Tuberculous adenitis, cervical & mesenteric	4 mo ?

Name of operation Biopsy, cervical lymph node Date of May 17, 1933

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Moses S. Hecht M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

E 90479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90479

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 E. Chase St., E-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph F. Schwarz

(a) Residence: No. 2800 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Schwarz

6. DATE OF BIRTH (month, day, year): Aug 28 75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Schwarz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Francis Schwarz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Joseph Laughman

(Address): 2800 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: May 19, 1933

19. UNDERTAKER: Chas M. Frank & Son

(Address): 811 N. Eutaw St

20. FILED MAY 18 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933 to May 15, 1933

I last saw h[illegible] alive on [illegible], 19[illegible]. Death is said to have occurred on the date stated above, at 8 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 90486 BALTH DEPARTMENT—CITY OF BALTIMORE E 90480

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-01 St., Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Boggs

(a) Residence: No. 1625 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nola Boggs

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Louis Boggs

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clarence Boggs
(Address) 1623 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Keller's Va Date May 20 1933

19. UNDERTAKER Lee M. Chase & Son
(Address) 638 N. Gilmor

20. FILED MAY 18 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933 to May 17, 1933

I last saw h.. alive on May 17, 1933 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Exfoliation & Anuria	8 days
Other contributory causes of importance: Hypertrophied Prostate & Obstruction	2 yrs 20 days

Name of operation Suprapubic Cystotomy Date of 5/8/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Abraham Fruchter M. D.

(Address) Provident Hospital

M. D. B. 1268-9

E 90481 23 14

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90481

CERTIFICATE OF DEATH

X 457-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 1-06 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 42 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Lerner

(a) Residence: No. 3105 Decatur St., Ward. N York City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-13-1932

7. AGE Years	Months 8½	Days 4	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. York City

FATHER

13. NAME Chas Lerner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie Burrasser

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New York Date 5/18/33

19. UNDERTAKER Jack Gans

(Address) 1439 E. Biddle St

20. FILED MAY 18 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to May 17 1933

I last saw her alive on May 17, 1933 Death is said to have occurred on the date stated above, at 11 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	Nov. 1932
Other contributory causes of importance:	
Operations	April '33

Name of operation Third Ventriculostomy Date of 4/1/33

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D. Davidson M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 90482 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90482

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hosp. Hol St. 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Schmirsky

(a) Residence: No. Sinai Hosp. Hol St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				12 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Schmirsky

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Louise McNew

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Charles Schmirsky
(Address) 1804 Lancaster St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] College Date May 18 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933 to May 18, 1933

I last saw him alive on May 18, 1933 death is said to have occurred on the date stated above, at 6 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (non-viable)	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Clinical an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90483 HEALTH DEPARTMENT—CITY OF BALTIMORE 90483

CERTIFICATE OF DEATH

548

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4020 Wilsby Ave. St. Govans 9-01 (Ward)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Margaret M. Haydock

(a) Residence: No. 4020 Wilsby Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) Sept. 21, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME Peter W. Haydock

14. BIRTHPLACE (city or town) (State or country) -------- Germany

MOTHER

15. MAIDEN NAME Christine E. Miller

16. BIRTHPLACE (city or town) (State or country) -------- Germany

17. INFORMANT Mrs. Agnes M. O'Donnell
(Address) 4020 Wilsby Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 5/20 1933

19. UNDERTAKER Henry U. Meyers and Son
(Address) 805 N. Eutaw St.

20. FILED MAY 10 1933 Huntington Fellows M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 17, 1933

I last saw h[illegible] alive on May 17, 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1 year

Other contributory causes of importance:

Union Memorial & Kelly Hospitals

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dough Forsythe M. D.

(Address) 1246 N. Fork Ave.

M. D. B. 1208-9

Coutts

E 90484

E 90484 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 St Louis Ave St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary E Coutts

(a) Residence: No. 617 St Louis Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Coutts

6. DATE OF BIRTH (month, day, year) July 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME William Staff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs James Coutts

(Address) 617 St Louis Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date May 18, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED May 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th 1932 to May 18th 1933

I last saw h[illegible] alive on May 17 1933 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4/1/33
Other contributory causes of importance:	
Colitis	Sept 1932

Name of operation — Date of —

What test confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Morgan Lloyd M. D.

(Address) 908 E Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 19 1933

E 90485 68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90485

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 W Read St., 11-01 Ward)

Length of residence in city or town where death occurred, 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Marie Freamer

(a) Residence: No. 134 W. Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo W Freamer

6. DATE OF BIRTH (month, day, year) Sept 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John L Gunthel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha M. Endres

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Geo W Freamer
(Address) 134 W Read St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 19, 1933

19. UNDERTAKER John O Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED MAY 18 1933 by Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929 to 19..., I last saw her alive on 8-1, 1932. Death is said to have occurred on the date stated above, at 11.25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ANGINA PECTORIS	1930
Other contributory causes of importance:	
ARTERIOSCLEROSIS	
HYPERTENSION	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Dorsey, M. D.

(Address) 1129 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 90486

90486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Woodlawn Road St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Gray

(a) Residence: No. 305 Woodlawn Road St., Ward Cincinnati Ohio
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME John A. Gray

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Frances Pierce

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Newton Aiken
(Address) 305 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cinn., Ohio Date May 19, 1933

19. UNDERTAKER John C. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

20. FILED MAY 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/11 1933 to 5/18 1933

I last saw h[illegible] alive on 5/18 1933. Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	5/14/33
Other contributory causes of importance:	
Arteriosclerosis	Gradual

Name of operation None Date of —

What test confirmed diagnosis Chest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, [illegible]

(Signed) Wallace Stuart M. D.

(Address) 1403 Park Ave

M. D. B. 1268-9

E 90487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90487

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. Chase St., 11-01 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willis M. Sterrett

(a) Residence: No. 11 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown, Pa.

FATHER

13. NAME James W. Sterrett

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret W. Mann

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT F. M. Sterrett
(Address) Reedsville, Pa.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Reedsville, Pa. Date May 20, 1933

19. UNDERTAKER Leonard L. Leech
(Address) 530 Harford Ave

20. FILED MAY 18 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1924 to May 17, 1933

I last saw him alive on May 17, 1933. Death is said to have occurred on the date stated above, at 5:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis & myocarditis	?
Other contributory causes of importance: Pneumonia	May 10

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. McCourt, M. D.

(Address) 1014 St Paul St

M. D. B. 1268-9

Dr Helm

E 90488 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90488

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4106 Fernhill Ave St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Henry Smith

(a) Residence: No. 4106 Fernhill Ave, Mt Washington, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolphine Becker Smith

6. DATE OF BIRTH (month, day, year) June 15th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Thos Carroll

(Address) 4106 Fernhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Friday May 19th 1933

19. UNDERTAKER Geo. Wilson & Son

(Address) 2523 Edmondson Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1933 to May 16, 1933

I last saw him alive on May 16, 1930 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease.	?
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation No Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. R. Coulson M. D.

(Address) 2707 W. North Ave

5/17/33

E 90489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90489

V 82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Sidney Ave St. 25 Ward) Mayfield Park

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis W. Rethman

(a) Residence: No. 2525 Sidney Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Born 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	65	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupat'on ...

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Helen Seifert
(Address) 2525 Sidney ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 5/19/33 19...

19. UNDERTAKER Geo. Wilson & Son
(Address) 2503 Edmondson Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933 to May 17, 1933

I last saw him alive on May 17, 1933 death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-16-33
Pulmonary Edema	
Respiratory Failure	

(Other contributory causes of importance)

Name of operation — Date of —

What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) V. Messina M. D.

(Address) 102 W. Cotend Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 10 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90490 ✓ E 90490

90490

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., 15-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Kelly

(a) Residence: No. 906 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Alice E. Kelly

6. DATE OF BIRTH (month, day, year) Jan 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Franklin Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Oler

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 20 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1933 to 3-18, 1933

I last saw him alive on 3/18 1933. Death is said to have occurred on the date stated above, at 7:37 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Benign Prostatic Hypertrophy	1931
(b)	
(c)	
(d)	

Other contributory causes of importance: Cardio Vascular Renal Disease 1933

Name of operation Prostatic Resection Date of 3/11/33

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) Md. Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1933

M. D. B. 1268-9

E 90491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90491

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Monroe St., Life Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane E. Hewitt

(a) Residence: No. 909 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm C. Hewitt

6. DATE OF BIRTH (month, day, year) ~~Date~~ Dec 12th 1859

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
73	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Mc Manus

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Susan E. Hewitt
(Address) 909 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 20th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED MAY 19 1933 Hunter Williams N.P.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933 to May 18, 1933

I last saw h[illegible] alive on May 16, 1933 Death is said to have occurred on the date stated above, at 5.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

5/18/33 If so, specify ...

(Signed) Emmett H. Rahn M. D.

(Address) 300 W. North Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90492

CERTIFICATE OF DEATH

E 90492

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 21-01 Ward)

Registered No. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Kimmel

(a) Residence: No. 1123 S. Paca St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Kimmel

6. DATE OF BIRTH (month, day, year) Nov 28/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Fireman (Refrigerators)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ottenheimer Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

FATHER

13. NAME John Kimmel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Agnes Kimmel

(Address) 1123 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date 5/20/ 1933

19. UNDERTAKER Bernard A. Funke

(Address) 782 Washington Blvd.

20. FILED MAY 19 1933 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 4.10 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Appoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Wagner Coroner, M. D.

(Address) 508 E. North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90493

CERTIFICATE OF DEATH

23 E 90493

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Armstrong

(a) Residence: No. 1222 Rutter st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Oliver Armstrong

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Acquit

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 5-18 1933

19. UNDERTAKER Dan Tarlen
(Address) 916 Pa ave.

20. FILED MAY 19 1933 By Huntington Hill, Registrar. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1933 to May 17 1933

I last saw h... alive on May 17 1933. Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stacy M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90494

CERTIFICATE OF DEATH

E 90494

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 11-01 Ward) Registered No. 174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas Joyner

(a) Residence: No. 920 Gordon St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years 59 Months Days If LESS than 1 day ... hours or minutes

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (...) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Mukroon

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mukroon

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Leonard Jones

(Address) 919 Gordon St.

18. BURIAL, CREMATION, OR REMOVAL

Place MD. Auburn Date 5-19-1933

19. UNDERTAKER Daniel Easton

(Address) 916 Pennsylvania Ave.

20. FILED 5-19-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) May 12, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw him August 1932 and he was dead to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Homicide — Date of onset

Septicaemia following stab wound of neck

Other contributory causes of importance:

But April 19-1933

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Gould Gordon, M. D. Coroner

(Address)

M. D. R. 1268-9

E 90495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90495

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 457 Orchard St., 11-81 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Matthews.

(a) Residence: No. 457 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmle
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mayfield Matthews
6. DATE OF BIRTH (month, day, year): 1896
7. AGE: Years 36 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Presser
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Danville Va.

FATHER
13. NAME: Solomon Blank
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Isabella Robinson
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mayfield Matthews
(Address): 457 Orchard

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Cem Date: 5-19th, 1933

19. UNDERTAKER: Zayons Magnis & Wright
(Address): 1218 McCulloh St

20. FILED: MAY 19 1933 Huntington, West Virginia, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 16th 33

22. I HEREBY CERTIFY, That I attended deceased from to 19 ; saw h alive on Injury Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

	Duration of Disease
Pulmonary Phthisis	
	4 months

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. C. Link Coroner M. D.
(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Joseph Anft ✓

E 90496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90496

CERTIFICATE OF DEATH.

161-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1739 E Federal ST., WARD) 8-01

2-FULL NAME Joseph Anft

(a) RESIDENCE (Usual place of abode) No. 1739 E. Federal ST., ... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/17/33

7 AGE — Years | Months | Days | If LESS than 1 day, / hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... ood

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Albert H. Anft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Henel Jaffe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Albert H. Anft

(Address) 1739 E Fredrick St

15 Filed MAY 19 1933, 19 ..... Huntington Williams, M.D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17- 1933

17

I HEREBY CERTIFY, That I attended deceased from 5-17- 1933 to 5-17 1933

that I last saw h ~~alive~~ dead on 5-17 1933

and that death occurred, on the date stated above, at 9 P M

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Birth

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of high forceps

Was there an autopsy? .....

What test confirmed diagnosis? Gestation

(Signed) David Nieu, M. D.

(Address) 1520 Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 5/19 1933

20 UNDERTAKER Frederick A Cole — ADDRESS 1200 W Lombard

M. D. B. 1268-9

E 90497 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90497

CERTIFICATE OF DEATH

116

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 528 S. Bentalou St., Ward) 20-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Adams

(a) Residence: No. 528 S. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE of~~ Annie Adams

6. DATE OF BIRTH (month, day, year) July 24th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Adams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Hancock

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Annie Adams
(Address) 528 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date 5-19-1933

19. UNDERTAKER F. B. Shipperd & Son
(Address) 1300 Eutaw Place

MAY 19 1933 FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1933 to May 16, 1933

I last saw h[illegible] alive on May 16, 1933 Death is said to have occurred on the date stated above, at 2.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinoma	
Town of Peritoneal	
Cavity	
Other contributory causes of importance:	
(1) Hypertension	
(2) Nephritis Acute	

Name of operation Exploratory Laparotomy Date of May 1933

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Gosnell, M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90498

CERTIFICATE OF DEATH

E 90498

1. PLACE OF DEATH Jenkins Memorial Hospt. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sigmund Kammermeyer

(a) Residence: No. 215 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 yrs.	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Kammermeyer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hospt.
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date May 20th 1933

19. UNDERTAKER G. B. Hupfer's Son
(Address) 320 Eutaw Place

20. FILED MAY 19 1933 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8th, 1933, to May 17th 1933
I last saw him alive on May 17th 1933 death is said to have occurred on the date stated above, at 10.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robt H. Ollman, M. D.
(Address) 2 E. Ogden Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 90499 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90499

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No.) 3922 Dolfield Ave St., (Ward) 15-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Grace C. Kilmer

(a) Residence No. 3922 Dolfield Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Chester M. Kilmer

6-DATE OF BIRTH (month, day and year) Oct. 3, 1872

7-AGE. 60 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of Industry, business, or establishment in which employed (or employer). —

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). New Windsor, Md.

PARENTS.

10-NAME OF FATHER. John T. Lantz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary J. Cornell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14-

(Informant) Retina M. Stone

(Address) 3922 Dolfield Ave

Filed MAY 16 1933 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 17, 1933

17- I HEREBY CERTIFY, That I attended deceased from May 13, 1933 to May 16, 1933

that I last saw her alive on May 16, 1933,

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn M. D.

May 17, 1933 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery — DATE OF BURIAL. 5/19/33

20-UNDERTAKER. F B Wagner & Son — ADDRESS 300 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1861 E 90500

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) 2306 E. Lafayette Ave (Ward) 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clinton Barlow

(a) Residence: No. 2306 E. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Barlow

6. DATE OF BIRTH (month, day, year) Jan 19/1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Barlow

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Anna Norwood

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs, Harvey Dietrich
(Address) 2306 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cemetery Date May [illegible], 19 33

19. UNDERTAKER Chas L. Sterrett
(Address) 1800 E Fort Ave

FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9.55 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
With mitral *

Date of onset

Other contributory causes of importance:

Impacted fracture of hip- 7 wks

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury . 19

Where did injury occur? Springfield Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place as above

Manner of injury He & another patient

Nature of injury collided & fell to floor

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 508 E Fort Ave

Duplicate

PRINT IN INK—THIS IS A LEGAL DOCUMENT. PENCIL OR ADDENDA NOT ACCEPTABLE. ... should be carefully supplied. AGE should be stated EXACTLY. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90501 E 90501

CERTIFICATE OF DEATH

1331

1. PLACE OF DEATH Provident Hospital Registered No.

CITY OF BALTIMORE: (No. 1514 Linwood St., Ward) 11-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Jackson

(a) Residence: No. 1229 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME James Jackson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas Jackson

(Address) 1229 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 19, 1933

19. UNDERTAKER Joseph A Lively

(Address) 1620 Mount St

20. FILED MAY 19 1933 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1933 to 5-16, 1933

I last saw h alive on 5-16, 1933 Death is said to have occurred on the date stated above, at 6.12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Hypertension Cardiac Weakness Cerebral Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. T Harris M. D.

(Address) Provident Hosp.

information should be carefully given; state CAUSE OF DEATH in plain ... OCCUPATION is very important. ... stated EXACTLY. PHYSICIANS should ... be properly classified. Exact statement of ... on back of certificate.

E 90502

Mattie Parran ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90502

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 S Fremont ave St., 45-Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Parran 21-01

(a) Residence: No. 304 S. Fremont ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Phillip Parran

6. DATE OF BIRTH (month, day, year): Sept 1, 1882

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Va Elizabeth co

FATHER

13. NAME: George Freeman

14. BIRTHPLACE (city or town) (State or country): N C.

MOTHER

15. MAIDEN NAME: Rebbecca Brown

16. BIRTHPLACE (city or town) (State or country): Calvert co md

17. INFORMANT: Mary L. Phillips

(Address) 304 S. Fremont ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date May 21, 1933

19. UNDERTAKER: Thomas G. Kelson

(Address) 1303 Presstman St

20. FILED: Huntington Williams, Registrar

MAY 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6th, 1933 to May 17, 1933

I last saw her alive on May 16, 1933. Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	April 6 1933

Other contributory causes of importance: Valvular Heart Disease & Inflamatory Rheumatism

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Kleinschmidt M. D.

(Address) 117 W. Saratoga St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90503

CERTIFICATE OF DEATH

82 E 90503

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4504 Elsrode Ave. St., ... Ward)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alberta J. Ebert

(a) Residence: No. 4504 Elsrode Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur P. Ebert

6. DATE OF BIRTH (month, day, year) Dec. 10, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Casper Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Hitzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles H. Ebert
(Address) 4504 Elsrode Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date May 20, 1933

19. UNDERTAKER John F. Denny
(Address) 115 Light St

20. FILED MAY 19 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to May 17 1933

I last saw her alive on May 17 1933 Death is said to have occurred on the date stated above, at 10.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. Sumwalt, M. D.

(Address) 4704 Harford Road 5/18/33

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 90504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90504

CERTIFICATE OF DEATH

82-001
Registered No. 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. St., ... Ward) 8-01

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Michael

(a) Residence: No. 2140 E. Federal St., Ward. F
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest H. W. Michel

6. DATE OF BIRTH (month, day, year) Nov 7 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Samuel Sternath

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Anna M. Muller
(Address) 2140 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Oakleun Cem Date May 20, 1933

19. UNDERTAKER George W. Dibler
(Address) 1237 E. Eager St.

MAY 19 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-14-, 1933, to 5-17, 1933

I last saw her alive on 5-17, 1933 death is said to have occurred on the date stated above, at 4.25 P m.

The principal cause of death and related causes of importance were, as follows:

	Date of onset
Generalized Arterio-Sclerosis	
Cerebral Hemorrhage	5-12-33
Terminal Pneumonia	5-16-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, Specify .....

(Signed) Paul Lubin, M. D.

(Address) South Baltimore Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X48 E 90505

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. No Bridge Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Viola Pyles

(a) Residence: No. Gettysburg, Pa. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Deceased

6. DATE OF BIRTH (month, day, year) 3/1/1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51 52	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 2 33

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Seymour Smith

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Hettie Gadsane

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gettysburg Pa Date 5/21 19 33

19. UNDERTAKER Geo. W. Tittle
(Address) 2709 Edmondson Ave

20. FILED MAY 19 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19 19 33

22. I HEREBY CERTIFY, That I attended deceased from 5-15 19 33 to 5-19 19 33

I last saw her alive on 5-19 19 33 Death is said to have occurred on the date stated above, at 4:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Post operative shock	5 17
Myocarditis, Chronic	

Other **contributory causes** of importance:

Name of operation [illegible] Date of 5-17-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard C. Cummings M. D.

(Address) The Church Home and Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90506

CERTIFICATE OF DEATH

131 E 90506

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Boyle St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? 24 yrs. mos. ds.

2. FULL NAME John H. Laser

(a) Residence: No. 1524 Boyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of EMMA LASER

6. DATE OF BIRTH (month, day, year) Oct 12 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Laser

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Hannah Wensel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Edwin Laser.
(Address) 435 Freeman St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date May 20 1933

19. UNDERTAKER Richard F. Curley
(Address) 700 E. North Ave.

MAY 19 1933 FILED Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6 1933 to May 17 1933

I last saw him alive on May 17 1933 Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1 mo
Other contributory causes of importance:	
Chronic Nephritis	6 mos

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. Mitchell M. D.

(Address) 1279 Milliam St

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90507

CERTIFICATE OF DEATH

94-002

Registered No. 12-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1170 W Franklin St., Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin Abbott Colbert

(a) Residence: No. 2942 Guilford Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Colbert

6. DATE OF BIRTH (month, day, year) Feb 13, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Baltimore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Augustus Colbert

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Cole

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lillie A. Colbert

(Address) 2942 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May ... 33

19. UNDERTAKER Mc Mechen & Sons

(Address) North & Pa Aves.

20. FILED MAY 19 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on June 4 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	Sudden
Other contributory causes of importance: Coronary Sclerosis unknown	

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Signed James M Fenton M. D.

(Address) 7006 Eastern Ave. Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90508 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90508

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 18 - C

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susie Boone

(a) Residence: No. 1072 W. Fairmount ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 5, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Joseph Boone

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Boatman

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date May 19, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 222 N. Schroeder St

FILED MAY 19 1933 By E. Lyon Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to May 17, 1933
I last saw her alive on May 17, 1933 Death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Glenn M. D.
(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90509

CERTIFICATE OF DEATH

E 90509

1. PLACE OF DEATH University Hospital St. 4-81 Ward) 10 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ramey K Keller

(a) Residence: No. Watenpat. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Wm. Robert Keller.
(Address) Watenpat Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant View Watenpat Md Date 5/21 1933

19. UNDERTAKER John F Cowan & Son.
(Address) 501 Holliday St Baltimore, Md.

MAY 19 1933

19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/5/33 . 19 . to 5/18/33 . 19 .

I last saw him alive on 5/18/33 . 19 . Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	?
Other contributory causes of importance: Chronic Emphysema	about 1932
Multiple Brain abscess	
	5/16/33

Name of operation Trephine Date of 5/17/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C Dandridge M. D.

(Address) 108 Alfred Ave. Cato. Md.

NOTE—Underlining should be used to identify cause of death. Abbreviations should not be used except in technical expressions. Indefinite terms, such as "paralysis," "debility," "old age," "infection," "septicemia," "uremia," "convulsions," "cancer," "tumor," should not be used as the principal cause of death. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90510

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 N Charles St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Janney Drill 12-01-70 7 0

(a) Residence: No. 2118 N Charles St., 12 Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — 4. Color or Race: Female White — 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellis B. Drill

6. DATE OF BIRTH (month, day, year): Oct 18 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Phila. Penna.

FATHER

13. NAME: Pemberton Janney

14. BIRTHPLACE (city or town) (State or country): Phila Pa.

MOTHER

15. MAIDEN NAME: Lillie Wetherill

16. BIRTHPLACE (city or town) (State or country): Burlington Vermont Co

17. INFORMANT: Mrs Lillie J. Shelley (sister)

(Address) Wyman Park Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 20 1933

19. UNDERTAKER: E. Swoope Hitchcock Co.

(Address) 1524 N Charles

20. FILED MAY 19 1933 19... Burlington, Vt. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, ..., 1933, to May 18, 1933

I last saw h.. alive on May 18, 1933 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Course autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) M D Ward M. D.

(Address) 2020 Charles

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9 30—A. & Co.—250 Bks

90511

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90511

CERTIFICATE OF DEATH.

59

1 PLACE OF DEATH

REGISTERED NO. (if death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 3100 Presbury St. WARD) 15-01

2 FULL NAME Mary Catherine Bird

(a) RESIDENCE NO. (Usual place of abode) 3100 Presbury St. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Wm. E. Bird.

6 DATE OF BIRTH (month, day, and year) Jan 21 - 1859

7 AGE — Years: 74 — Months: 3 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hartford Md.

PARENTS

10 NAME OF FATHER Martin Lowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Lipton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Miss Lottie Bird 3100 Presbury St.

15 Filed ... 19 ... Registrar

MAY 19 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19th 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr. 14th, 1933, to May 19th, 1933, that I last saw h[er] alive on May 19th, 1933, and that death occurred, on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis —

Diabetes — Senility 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. P. Byerly M. D.

, 19 (Address) 38 & 40 Broadway

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Woodlawn Cemetery May 22 19 33

20 UNDERTAKER Bertram D. Gore ADDRESS 2224 N. Charles St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90512 90512

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Gorsuch Ave., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Hamilton 9-01

(a) Residence: No. 629 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hamilton

6. DATE OF BIRTH (month, day, year) July 1. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Wagner

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Annie M. Wagner.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George Hamilton

(Address) 629 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 20. 1933

19. UNDERTAKER Mr. Mrs. John H. Gruhl & Son

(Address) 201 W. Fayette St.

20. FILED MAY 19 1933 H. Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933 to May 18, 1933

I last saw h alive on May 17, 1933 Death is said to have occurred on the date stated above, at 5.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus with secondary Metastases of Bones of Pelvis	about 2 years
Other contributory causes of importance:	
Non-specific cause	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jefferis Buck M. D.

(Address) 7 Club Road

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90513

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 S. Castle St. Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 or more yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Mandler

(a) Residence: No. 608 S. Castle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of John J. Mandler

6. DATE OF BIRTH (month, day, year) Feb. 14, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Footes P.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Charles Buckhoff.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Charlotte Weiland

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. John J. Mandler

(Address) 608 S. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date May 20 1933

19. UNDERTAKER John A. Moyer

(Address) 3000 E. Baltimore St.

20. FILED 19 Huntington, Williams, N.Y.

MAY 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July ? 1932 to May 17 1933

I last saw him alive on May 17 1933 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular disease	1yr ?
Chronic Nephritis	

Other contributory causes of importance: Acute heart failure Complete

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fletcher E. Lurz M. D.

(Address) 719 Park Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90514

CERTIFICATE OF DEATH

E 90514

Registered No.

1. PLACE OF DEATH Declared dead at Hopkins Hosputal

CITY OF BALTIMORE: (No. from 927 E. Lombard St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles McGann

(a) Residence: No. 927 E. Lombard St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew McGann

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME ~~Cathreine Collins~~

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Andrew McGann (Bro)
(Address) 5627 Greenhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Vincents Date May 20, 1933

19. UNDERTAKER J. J. Fuck & Sons
(Address) 1305 Lafayette Ave

20. FILED MAY 19 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

Probably Chr Alcoholism & Exposure

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 1006 E Fmk

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 90515 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90515

CERTIFICATE OF DEATH

93-003
REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 204 N. Eden St. WARD 1

2. FULL NAME Leonard Kainwright 5-01

(a) RESIDENCE No. 1224 McElderry St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Kainwright

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Kainwright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maggie Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Clara Kainwright
(Address) 1224 McElderry St

15 MAY 19 1933 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15-33

17

I HEREBY CERTIFY, That I attended deceased from May 10 19 33 to May 15 19 33

that I last saw him alive on May 15 19 33

and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Geo. Paddison M. D.

5-19 19 33 Address 50 Eutaw St

*State the Disease Causing Death, or In deaths From Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL 5-19 19 33

20 UNDERTAKER Byron & Marie M. Wright ADDRESS 4218 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-0

PETER BOUBLIS

E 90516 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90516

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No.) Mercy Hospital St., Ward 3-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Boublis

(a) Residence: No. 109 Argyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Outer Wear

10. Date deceased last worked at this occupation (month and year) 2 yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown Boublis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT John Ratkewicz

(Address) 1902 S Cary St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 20 1933

19. UNDERTAKER John Grebliunkas

(Address) 423 S. Paca St.

I hereby certify that I attended deceased from May 17, 1933 to May 17, 1933

MAY 19 1933

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on January 1, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Coronary Thrombus — Date of onset Sudden

Other contributory causes of importance: Coronary Sclerosis

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Fenton Coroner, M. D.

(Address) 1006 Clay

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 90517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90517

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2831 Huntington (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Keiser 12-01

(a) Residence: No. 2831 Huntington Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Keiser

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen C. Keiser

(Address) 3101 Dudley ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date May 20 1933

19. UNDERTAKER Wood & Sterrett

(Address) 5000 E. Fayette St

FILED MAY 19 1933 Huntington Ave. Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18 19 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Signed) Jno. H. Mosser M. D.

Coroner

(Address) 3932 Harford

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90518

E 90518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 2-01 Ward)

Length of residence in city or town where death occurred 60 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Schreiber

(a) Residence: No. Wolf's Mission St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1872

6. DATE OF BIRTH (month, day, year) Dec. 30-?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Herman Schreiber

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Helena ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records City Hosp

(Address) Balto.

18. BURIAL, CREMATION OR REMOVAL 5/24/33

Place Universal of Md. Date May 24 1933

19. UNDERTAKER .....

(Address) .....

20. FILED MAY 19 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1933 to May 18 1933

I last saw him alive on May 18 1933 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Pellagra	?

Other contributory causes of importance:

Starvation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Shapiro M. D.

(Address) Balt. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90519

CERTIFICATE OF DEATH

127-001

E 90519

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 7-6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Russell (alias Watson, Watts)

(a) Residence: No. ? St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ~~1866~~ 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	68+	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ~~gr~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 19, 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED MAY 19 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1933 to 5-16, 1933

I last saw him alive on 5-16, 1933 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia inguinal strangulata	5-15-33
Other contributory causes of importance: arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-17-33 (Signed) Elmer Hightberger Jr. M. D.

(Address) Balto. City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90520

Prado

E 90520

M. D. No. 1933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 45

1. PLACE OF DEATH Balto City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 24-61 St., Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Prado

(a) Residence: No. 1110 Hull St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of WIFE of Julia Prado

6. DATE OF BIRTH (month, day, year) 3-7-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	66	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palestine Europe

FATHER

13. NAME Nicola Prado

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 19, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED MAY 19 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1933 to 5-17, 1933

I last saw him alive on 5-13, 1933 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Carcinoma Tongue	1932
Secondary Anemia	

Other contributory causes of importance:

Myocardial failure	5/17/33

Name of operation None Date of

What test confirmed diagnosis Path. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90521

CERTIFICATE OF DEATH

V 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (Co.) Baltimore City Hosp. St. 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Calvin Gording

(a) Residence: No. 1123 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie (dead)

6. DATE OF BIRTH (month, day, year) 12-27-?

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston N. C.

FATHER

13. NAME Fayette Gording

14. BIRTHPLACE (city or town) (State or country) Kingston N. C.

MOTHER

15. MAIDEN NAME Susan ?

16. BIRTHPLACE (city or town) (State or country) Kingston N. C.

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date May 19 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. MAY 19 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12 1933 to May 17 1933

I last saw him alive on May 17 1933 Death is said to have occurred on the date stated above, at 4-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

Pulm. Infarct.	May 1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90522

CERTIFICATE OF DEATH

E 90522

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Barclay St., 7-01 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Mc Kilduff

(a) Residence: No. 2637 Barclay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37 36	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bernard L. Kilduff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Newmeyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary R. Kilduff

(Address) 2637 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date May 20 1933

19. UNDERTAKER Mary M. Medford

(Address) 501 E. 22nd St

20. FILED MAY 18 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to May 16 1933

I last saw him alive on May 16 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute alcoholism	5/11/33
Other contributory causes of importance: acute dilitation of heart	5/14/33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 —

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Lee Tuggeness M. D.

(Address) 1206 E. Preston St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1964

E 90523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90523

V 95-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, Lawnside St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2.5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Freed

(a) Residence: No. 2300 W. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucie C. D. Freed

6. DATE OF BIRTH (month, day, year) June 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 033

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. L. Freed

(Address) 2300 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 21 1933

19. UNDERTAKER J. Chas. Meyer & Co.

(Address) 1743 Eutaw Pl.

20. FILED MAY 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933 to May 19th, 1933

I last saw him alive on May 17th, 1933. Death is said to have occurred on the date stated above, at 8:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5-17-33
Bronchopneumonia	5-14-33

Other contributory causes of importance:

Cardio-Renal Dis.	Indef.

Name of operation Prostatic Erection Date of 5-16-33

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Ewen M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 90524 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90524

CERTIFICATE OF DEATH

XV 108

1 PLACE OF DEATH Bon Secours Hospital

REGISTERED NO. 20-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ... ST ... WARD)

2 FULL NAME Reba Gray

(a) RESIDENCE NO. Bella, Maryland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1½ ds. How long in U. S., if of foreign birth? yrs. 8 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-14-32

7 AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bella Md

PARENTS

10 NAME OF FATHER E. W. Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Rosa Cannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) E W Gray Bella Md

15 Filed MAY 19 1933 Huntington Williamsburg N.Y.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-33

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to May 19, 1933

that I last saw h alive on May 19, 1933

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray

(Signed) B. W. Dorsey, M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bella Md — DATE OF BURIAL 5-20 1933

20 UNDERTAKER L. C. Hyatt & Brothers Inc — ADDRESS Ellicott City Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 19 1933

E 90525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90525

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Dobler Ave. St., 8-al Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William A Krichton

(a) Residence: No. 2104 Dobler Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie A. Baierlipp

6. DATE OF BIRTH (month, day, year): June 26, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Concessionaire

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bay Shore Park

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 8 6

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Joseph A. Krichton

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Annastasia Barranger

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Mamie A. Krichton
(Address) 2104 Dobler Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date May 22, 1933

19. UNDERTAKER: [illegible]
(Address) [illegible]

20. FILED MAY 19 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to May 18, 1933.

Last saw h[illegible] alive on May 18, 1933 Death is said to have occurred on the date stated above, at 4.20 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Lobar Pneumonia

Date of onset: May 15

Other contributory causes of importance:

Arteriosclerosis
Nephritis

Name of operation: Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edw. F. Simmons M. D.

(Address) 2855 Harford

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90526

E 90526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

272531 Ped

119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Fuchs

(a) Residence: No. 1622 N Bradford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	child

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 27 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Fuchs

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Silberman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 5/20/33

19. UNDERTAKER Gorsuch Mortuary Inc (Address) 1730 Pennsylvania Ave

20. FILED MAY 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 18 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to May 18 1933

I last saw her alive on May 18 1933. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nutritional Disturbance	2/1/33

Other contributory causes of importance:

Exitus measles

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edw F Mulzer M. D.

(Address) Johns Hopkins Hosp. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

B 90527. HEALTH DEPARTMENT—CITY OF BALTIMORE B 90527.

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 W. Baltimore St. 20-el Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Klopfel

(a) Residence: No. 1924 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 29th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Herman Klopfel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Wallenscheidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Herman Klopfel

(Address) 1924 W. Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 20th 1933

19. UNDERTAKER Jos. Wilson & Son

(Address) 2503 Edmondson Ave

20. FILED ..... 19..... Registrar.

Y 13933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7 1933 to May 18 1933

I last saw h— alive on May 17 1933 Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 yr
Other contributory causes of importance: Uraemia — Chronic Nephritis	1 wk

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Gray M. D.

(Address) 1924 W. Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90528

E 90528 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals — Registered No. 134

CITY OF BALTIMORE: (No. ..... St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Nicola

(a) Residence: No. 505 S. Macon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Constantino Nicola

6. DATE OF BIRTH (month, day, year): About 1896 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 0-1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (City or town) (State or country): Greece Turkey

FATHER

13. NAME: Nick Kalimnin

14. BIRTHPLACE (city or town) (State or country): Greece Turkey

MOTHER

15. MAIDEN NAME: Heysanthy ?

16. BIRTHPLACE (city or town) (State or country): Greece Turkey

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 22nd 1933

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

MAY 19 1933 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1933 to 5-18 1933

I last saw her alive on 5-18 1933 Death is said to have occurred on the date stated above, at 6.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral renal Calculi	1931
Other contributory causes of importance:	
Post operative Shock	5-18-33

Name of operation Nephrotomy Date of 5/18/33

What test confirmed diagnosis ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Wm Bruce Schaffer M.D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

I 90529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90529

CERTIFICATE OF DEATH

78

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Balto. Md St., N-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Ruth

(a) Residence: No. 3305 Philadelphia Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ruth

6. DATE OF BIRTH (month, day, year) 10-11-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 54	7 1	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John [illegible]

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Margaret Richter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 [illegible] Registrar

MAY 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-9-33 to 5-18-33

I last saw him alive on 5-18-1933 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of brain	4-28-33
pneumococcus	

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-19-33 (Signed) Dewey Highbarger M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 90530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90530

CERTIFICATE OF DEATH

139-022

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 N. Caroline St., 9-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Christine Burns

(a) Residence: No. 1833 Hope St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ——
(or) WIFE of ——

6. DATE OF BIRTH (month, day, year) About 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About	80	2.	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Burns
(Address) Havre de Grace Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 20, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 18, 1933

I last saw her alive on May 18, 1933 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	
Ruptured sigmoid colon	

Other contributory causes of importance:

Pelvic abscess-left.

Name of operation Laparotomy Date of 5-16-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Philip Bress M. D.

(Address) 11 Bos. Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 90531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90531

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leo B. Grifford

(a) Residence: No. 1946 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Ridy B. Grifford

6. DATE OF BIRTH (month, day, year) Nov 9th 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Salt
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Grifford
14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Helena Schumacher
16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Ridy B. Grifford
(Address) 1946 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date May 20th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1933, to 5-18, 1933

I last saw h(er) alive on 5-12, 1933 death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1918
Chronic Endocarditis — Myocardial Degeneration	
Anasarca	Jan 1933
Other contributory causes of importance:	
Pulmonary Edema	5-1-33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Saul Luban, M. D.

(Address) South Baltimore Gen. Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 19 1933

M. D. B. 1268-9

E 90532 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90532

CERTIFICATE OF DEATH

46

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Windsor Mill Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abbie E. Block

(a) Residence: No. 3900 Windsor Mill Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ or (or) WIFE of Bernhard Block

6. DATE OF BIRTH (month, day, year) Sept 12th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Knell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Currey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alice Wilkinson

(Address) 3900 Windsor Mill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 20th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to May 19, 1933

I last saw her alive on May 18, 1933 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach & intestinal tract.	?
Other contributory causes of importance:	
Carcinoma of stomach	

Name of operation Laparotomy Date of operation 4

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Tubbett M. D.

(Address) 2220 Garrison Blvd

V 5 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90533 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90533

CERTIFICATE OF DEATH

93-004 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Pittman Place 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Yaeger

(a) Residence: No. 407 Pittman Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Ernest A. Yaeger

6. DATE OF BIRTH (month, day, year) Jan 31st 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Bast

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Lenkehl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John E. Yaeger

(Address) 133 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date May 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. Huntington Williams, M.D. Registrar.

MAY 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16 1933 to May 18th 1933

I last saw her alive on May 16 1933 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

R. J. Pondella M. D.

(Address) 1123 W Pratt St

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 90534

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90534

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Stricker ST. 16-01 WARD)

2-FULL NAME Henry M Walker

(a) RESIDENCE NO. 907 N. Stricker ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Estella

6 DATE OF BIRTH (month, day, and year): Sept 8 - 1868

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
64	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 09

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ala.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Estella Walker 907 N. Stricker St

15 Filed: MAY 20 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 18, 1933, that I last saw h alive on May 18, 1933, and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (double)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. D. Taylor, M. D.

5/19, 1933 (Address) 1522 Harlem Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 5/20/1933

20 UNDERTAKER: Wm. Geo. H. Holland — ADDRESS: 1641 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1203-9

E 90535 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90535

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Cliftwood Ave St., 8-01 Ward)

Length of residence in city or town where death occurred 58y. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Crosby

(a) Residence: No. 2119 Cliftwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Angle D. Crosby

6. DATE OF BIRTH (month, day, year) March 9 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Adam Hunter

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Jane Gallagher

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Nevey Christ

(Address) 2119 Cliftwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date May 25 1933

19. UNDERTAKER Henry Hauck Sons, Inc.

(Address) 1301 E. Baltimore St.

20. Registrar.

MAY 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 19 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11 1933 to May 19 1933

I last saw her alive on May 18 1933 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	May 11

Other contributory causes of importance: Arterio-Sclerosis — many years

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Grey M. D.

(Address) 5543 Harford Rd
Baltimore Maryland

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-H 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90536

CERTIFICATE OF DEATH

E 90536

82-002

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 606 N. Barre St., 72 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Williams Hezekiah Brown

(a) Residence: No. 606 N. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary M. Brown

6. DATE OF BIRTH (month, day, year) 17 Feb 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

FATHER

13. NAME James L. Brown

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Mary E. Weems

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

17. INFORMANT Sarah Eliz. Washington
(Address) 629 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 22 1933

19. UNDERTAKER James Apostarico
(Address) 1142 N. Gilmor St

MAY 20 1933 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933 to May 19, 1933

I last saw him alive on May 15, 1933 death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	5/17/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joan W. Gaines, M. D.

(Address) 615 S. Paca St

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90537

CERTIFICATE OF DEATH

93-003

E 90537

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Edmondson Ave. Ward 18-01)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lester Bruster

(a) Residence: No. 913 Edmondson Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years: 56 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Laurence S. C.

FATHER

13. NAME: Patrick Bruster

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Nukus

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Guy C. Bruster

(Address) 913 Edmondson

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Cem. Date 5/20, 1933

19. UNDERTAKER: Samuel T. Hemsley

(Address) 578 W. Baltimore St. Huntington Woodlawn, Md.

20. [illegible] Registrar

MAY 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18, 1933

I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Coroner M. D.

(Address)

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE B 90538

90538

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. (St.) 26-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Collins

(a) Residence: No. 621 S. Dean St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Fannie V. Collins

6. DATE OF BIRTH (month, day, year): March 28 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: James W. Collins

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary T. Lenning

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Records Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Interred
Place: Holy Cross Cem. Date: 5/27 1933

19. UNDERTAKER (Address): John J. Flaherty & Son 1311 Light St.

MAY 20 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to May 17, 1933

I last saw him alive on May 17, 1933. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Bronchitis, Chronic	?

Other contributory causes of importance:

Bronchopneumonia (Terminal).	

Name of operation ..... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2108

E 90539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90539

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 915 (Street) Annabelle Ave. (Ward) 25-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Ankewitz

(a) Residence: No. 915 Annabelle Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henrietta Ankewitz

6. DATE OF BIRTH (month, day, year): Jan. 25-1862

7. AGE — Years: 69 | Months: 3 | Days: 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 015
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Andrew Ankewitz
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Henrietta Stellmacher
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Henrietta Ankewitz
(Address) 915 Annabelle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: May 22 1933

19. UNDERTAKER: George E. Schnaar
(Address) 2101 Eutaw Pl.

Huntington Woods, Md.

MAY 20 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8.16.33. to 5.18.33. 19

I last saw him alive on 5.18.33. 19 death is said to have occurred on the date stated above, at 10 15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

(a) Lung Cancer
(b) Pneumonia
(c)

about 2 years.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Kings B. Towler M. D.
(Address) 1432 William St.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form—(2-23-21—E.B.M.S.—400 Lbs.

E 90540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90540

CERTIFICATE OF DEATH.

93-003

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3603 (St.) Hudson (Ward) 76-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Azrail Lewis alias John Lewis

(a) Residence No. 3603 St., Hudson Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ella J. Lewis

6-DATE OF BIRTH (month, day and year) Dec 31/1842

7-AGE 90 yrs. 4 mos. 18 ds. If LESS than 1 day, hrs. or min.? 17

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimd

PARENTS

10-NAME OF FATHER. = Lewis

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country).

11- (Informant) Mrs Sarah Stumpf

(Address) 3603 Hudson St

13-

MAY 20 1933 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 18/33

17- I HEREBY CERTIFY, That I attended deceased from 5/18 19 33 to 5/18 19 33

that I last saw h[illegible] alive on 5/18/33 19

and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Asthma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Farrell M. D.

5/19 19 33 (Address) 632-5. Conkling

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel

DATE OF BURIAL. May 20 19 33

20-UNDERTAKER. Geo. Henrig

ADDRESS 2014 Eutaw St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 90541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90541

CERTIFICATE OF DEATH

82-901

1. PLACE OF DEATH Maryland Gen. Hospital Registered No.

CITY OF BALTIMORE: (No. 22 St., 47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma Diedrich

(a) Residence: No. 2910 Sylvan Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 5-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sec. Diedrich

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME E. Langhenry

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 22 1933

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St.

20. FILED MAY 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-9- . 1933 to 5-19- . 1933

I last saw her alive on 5-19 . 1933 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Cerebral Embolism	

Name of operation — Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so,

(Signature) D. D. Spence M. D.
(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90542

CERTIFICATE OF DEATH

936003

E 90542

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ls Baltimore Gen Hosp St., 9-21 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Straight

(a) Residence: No. 718 21st Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeling W. Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Thomas L. Straight
(Address) 1320 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL
Loudon Hill Cem Washington DC Date, May 20 1933

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

(Filed) , 19 Huntington Williams, Registrar.

MAY 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1933 to 5-20, 1933

I last saw him alive on 5-20, 1933 death is said to have occurred on the date stated above, at 9.05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis ?	
Other contributory causes of importance:	
Gangrene of Right foot	3-31-33
Chronic Myocarditis	
Terminal Bronchopneumonia	5-19-33
Name of operation Amputation of Rt lower extremity	Date of 5-18-33
What test confirmed diagnosis? Was there an autopsy?	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Isaac Hellman, M. D.
(Address) 1213 Light Street

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 90543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90543

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Brentwood St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cyrus Nelson

(a) Residence: No. 1707 Brentwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Addie Nelson

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Hodcarrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) one yr ago

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank Nelson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Roberta Lee

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Elizabeth Nelson

(Address) New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Fairfield Va Date May 22 1933

19. UNDERTAKER Mrs E. Elliott

(Address) Huntington Terminal, N.Y.

20. FILED MAY 20 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ...

I last saw h alive on Jan , 19 Death is said to have occurred on the date stated above, m

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic interstitial nephritis one yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James M Benton Coroner, M. D.

(Address) 700 E Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90544 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90544

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen Hospital St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W Atkinson

(a) Residence: No. 3513 Chestnut Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace V.

6. DATE OF BIRTH (month, day, year): Jan. 19, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md

FATHER

13. NAME: Edward Atkinson

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sara Young

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Grace V. Atkinson 3513 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's Hospla Date: May 22, 1933

19. UNDERTAKER (Address): A. J. Marshall 3569 Falls Road

MAY 20 1933

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 19 , to 19

I last saw h alive on May, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis	4/2/33
Ruptured Urethra	
Other contributory causes of importance:	
Automobile Accident	4/2/33

Name of operation none Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/2, 1933

Where did injury occur? Woodlawn Park Hts. Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leigh Edmonds, Coroner M. D.

(Address) 1225 E. Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90545

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 18-01 (Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Burnetta Ross

(a) Residence: No. 562 N Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negress

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isaac Ross

6. DATE OF BIRTH (month, day, year): July 17, 1892

7. AGE: Years 40 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Wm Gibbs

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Carrie Jackson

16. BIRTHPLACE (city or town) (State or country): Washington, D. C.

17. INFORMANT ..... (Address) Resd. Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date May 20 1933

19. UNDERTAKER Elroy C Wilson (Address) 1000 Brantley Ave Huntington, W. Va.

MAY 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to May 18 1933

I last saw her alive on May 18 1933. Death is said to have occurred on the date stated above, at 1.56 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset ?

Other contributory causes of importance:

Subarachnoid Hemorrhage — May 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? L. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90546

95-002

1. PLACE OF DEATH Kennedy Krieger Hospital
CITY OF BALTIMORE: (No. 1418 Eutaw Pl St., 14-81 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Ruth Tillman yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. A. D. Moomaw
(a) Residence: No. Roanoke Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of O. D. Moomaw

6. DATE OF BIRTH (month, day, year) June 5 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 9
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Roanoke Va
(State or country) Virginia

FATHER
13. NAME M. M. Tillman
14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER
15. MAIDEN NAME Angie B Kidd
16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT O. D. Moomaw
(Address) 1622 Tillman ave Roanoke Va

18. BURIAL, CREMATION, OR REMOVAL
Place Roanoke Va. Date May 20 1933

19. UNDERTAKER Chas. G. Black
(Address) 742 Walnut ave

20. FILED MAY 20 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17 1933 to May 20 1933
I last saw h[illegible] alive on May 20 1933 Death is said to have occurred on the date stated above, at 2P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	
of 3 or 4 years growing progressively worse	

Other contributory causes of importance:
Organic syphilis
Treated Terminal.

Name of operation Paracentesis thoracis Date of 5-20-33
What test confirmed diagnosis? Puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Hugh Marion Kerr M. D.
(Address) 1418 Eutaw Pl-Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90547

HEALTH DEPARTMENT—CITY OF BALTIMORE

90547

CERTIFICATE OF DEATH

V 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James T. Pike

(a) Residence: No. 630 Luzerne ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Sarah R. Pike

6. DATE OF BIRTH (month, day, year) Feb. 2, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
81	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Blackburn

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clayton Pike

(Address) 530 N. Luzerne

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 5/23 1933

19. UNDERTAKER Williams Cook

(Address) 1217 St. Paul Street

Huntington Williams, Inc.

MAY 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/16/32, 19..., to 5/20 1933

I last saw him alive on 5/20 1933 Death is said to have occurred on the date stated above, at 11:20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Penis	1931
c Metastasis	
Secondary Anemia	

Other contributory causes of importance:

Bronchopneumonia	5/17/33

Name of operation Biopsy Date of 1931

What test confirmed diagnosis Surgery Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. Bruce Lefebvre M.D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

90548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90548

CERTIFICATE OF DEATH

V 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. [illegible] St. E-W Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Ghent

(a) Residence: No. 2821 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie A. Ghent

6. DATE OF BIRTH (month, day, year) April 18, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 38	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. R. Signal man Motor 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R. R.

10. Date deceased last worked at this occupation (month and year) Mar 1933

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Albert Ghent

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Minnie Brummel

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Elsie A. Ghent

(Address) 2821 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED MAY 21 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1933 to 5-20 1933

I last saw him alive on 5-20 1933 Death is said to have occurred on the date stated above, at 5½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approx.)
Subacute bacterial endocarditis (Streptococcus viridans)	4 weeks
Chr. rheumatic heart disease	years
Mitral stenosis & insufficiency	years
Acute Nephritis, uremia	1 week
Cerebral embolism	1 week

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Path & Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard V. Hoover M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

Friedlander

E 90549 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90549

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 27-01

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Fayga Friedlander

(a) Residence: No. 3508 Kenoak Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 19 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6 7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Max Friedlanders

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ada Feldmen

16. BIRTHPLACE (city or town) (State or country) Riga

17. INFORMANT Max Friedlander
(Address) 3508 Ken Oak Road

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cemetery Date May 21 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1126 W. North Ave

FILED May 21 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to May 18, 1933

I last saw her alive on May 18, 1933. Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar tumour	?
Meningitis (non-epidemic)	5/9/33
Other contributory causes of importance:	
Secondary Anemia	4/-33

Name of operation Removal of Cerebellar Tum Date of 5/3/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fayga I. Friedlander M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90550

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Freddie Lichtman

(a) Residence: No. 738 Cumberland St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10 11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Benjamin Lichtman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah King

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Benj Lichtman
(Address) 738 Cumberland

18. BURIAL, CREMATION, OR REMOVAL
Herman Rieldale Date May 21 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1121 E Balto st

20. FILED MAY 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14 1933 to May 20 1933

I last saw him alive on May 20 1933 Death is said to have occurred on the date stated above, at 9.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Bilateral Otitis Media	
Bilateral Mastoiditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel Leavy M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-6

90551

HEALTH DEPARTMENT—CITY OF BALTIMORE 90551

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 2 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Pearl Paymer.

(a) Residence: No. 2107 Ruppert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year): 1888

7. AGE: Years 45 | Months | Days | If LESS than 1 day, ...hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sol Waxman - Nephew
(Address) 2311 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Hebrew Date: 5/21/33 19

19. UNDERTAKER: Louis Levy Sons
(Address) 1439 E. Balto St

20. FILED: Huntington Williams, M.D.

MAY 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/19/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/17/33 19 to 5/19/33 19. I last saw her alive on 5/19/33 19. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due to arteriosclerotic hypertensive Cardio-vascular disease	5/17/33
Other contributory causes of importance: Ch poisoning (accidental)	5/17/33

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268

E 90552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90552

CERTIFICATE OF DEATH

V 495-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 1 da. How long in U. S. If of foreign birth? 25 yrs. mos. da.

2. FULL NAME Gabriel Yaffe

(a) Residence: No. 6 N. Pleasant Ave. St., Ward. Pittsfield, Mass.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Yaffe

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Cem Date 5/21/33 19

19. UNDERTAKER Clark Sons Inc

(Address) 1439 E. Baltimore St.

20. FILED MAY 21 1933 Huntington Station, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 1933 to May 20 1933

I last saw him alive on May 20 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac hypertrophy and dilatation
Cardiac insufficiency
Coronary thrombosis

Date of onset

Other contributory causes of importance:

Bronchial asthma
Chronic bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90553

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Mc Elderry St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H. Carlton

(a) Residence: No. 1635 Mc Elderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Estella Carlton

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal dealer 0

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Jackson Carlton

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Estella Carlton
(Address) 1635 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 5/21, 1933

19. UNDERTAKER Samuel G Hemsley
(Address) 575 N Biddle St

20. FILED Huntington Williams Registrar

MAY 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1932 to May 17, 1933

I last saw h[illegible] alive on May 17, 1933 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	Nov 1932
Other contributory causes of importance: Recurrent Hemorrhages	

Name of operation none Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) R T Young M. D.

(Address) 1424 E Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90554 E 90554

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto city Hospitals 3-01 Registered No. 50

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabell Hood

(a) Residence: No. 630 N. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed or divorced HUSBAND of John E Hood.

6. DATE OF BIRTH (month, day, year) 6-15-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Market Md.

FATHER

13. NAME Grafton Hammond

14. BIRTHPLACE (city or town) (State or country) New Market Md.

MOTHER

15. MAIDEN NAME Martha Frayer

16. BIRTHPLACE (city or town) (State or country) New Market Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Piney Grove Cemetery Ft Piney Grove Co Md Date May 22, 1933

19. UNDERTAKER Chas. E. Black

(Address) 747 N. Wolfe St

20. FILED ..... Huntington Williams, M.D.

MAY 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1933 to 5-20, 1933

I last saw her alive on 5-20 1933 Death is said to have occurred on the date stated above, at 5 55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma left Breast - Nephritis & Hypertension	1932
Other contributory causes of importance: Bronchopneumonia	5/18/33

Name of operation No Date of .....

What test confirmed diagnosis? CF Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Bruce Letherbury M. D.

(Address) Balto City Hospitals

M. D. B. 1268-B

E 90555

E 90555 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. 4-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 E 30 th St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James K. P. Lambdin

(a) Residence: No. 1622 E 30 th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanah Lambdin

6. DATE OF BIRTH (month, day, year) Oct 30-1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 18 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Daniel Lambdin

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Mary Day

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Mary A Cross
(Address) 1622 E 30th St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 23 1933

19. UNDERTAKER John Ellerbe
(Address) 2008 Orleans St

FILED MAY 21 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933 to May 20, 1933

I last saw him alive on May 19, 1933 Death is said to have occurred on the date stated above, at 12:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 17

Other contributory causes of importance:

Senile & Pulmonary Bronchial Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. A. Zimmerman M. D.

(Address) 9858 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 90556 E 90556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 21 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs Laura McAuliff

(a) Residence: No. 121 Baltimore Ave Dundalk Md, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Oct 16 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	13	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dundalk school

10. Date deceased last worked at this occupation (month and year): April 1933

11. Total time (years) spent in this occupation ...yrs.

12. BIRTHPLACE (city or town) (State or country): Quantico, Va.

FATHER

13. NAME: Kenneth McAuliff

14. BIRTHPLACE (city or town) (State or country): Chicago Ill

MOTHER

15. MAIDEN NAME: Bertha Crouse

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Kenneth McAuliff
(Address) Box 537 Balto. Govans Rout Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date May 22 1933

19. UNDERTAKER: John Ullrich
(Address) 2208 Kelvin Ave

20. FILED ...19... ...Registrar

MAY 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933, to May 19, 1933

I last saw her alive on May 19, 1933. Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis, (hemorrhage)	April 1/33

Other contributory causes of importance:

Name of operation: Colostomy Date of: May 13

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ...19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Lineback M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90557. ✓ E 90557.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Sinclair Ave. St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha J. Dare

(a) Residence: No. 2033 Sinclair Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ephriam E. Dare

6. DATE OF BIRTH (month, day, year) Jan. 6, I 849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME ~~Dont Know~~

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Lottie Gessler
(Address) 2033 Sinclair Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date May 23, 19 33

19. UNDERTAKER John Ullrich
(Address) 500 E Pleasant St

20. FILED MAY 21 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May I 8, I 933

22. I HEREBY CERTIFY, That I attended deceased from February 4 1933 to May 19 1933
I last saw h[illegible] alive on May 18 1933, death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach and Intestines — Date of onset 3 years ago

Other contributory causes of importance:

Cachexia and Metastasis — Date of onset 2 months ago

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E Bowling M. D.
(Address) 1105 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 90558

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90558

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1460 Stevenson St. 24-01 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 23 yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Wilder

(a) Residence: No. 1460 Stevenson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Earl Leroy Wilder

6. DATE OF BIRTH (month, day, year) Dec 14, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Phillip Loris

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Elizabeth Speck

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Earl Leroy Wilder

(Address) 1460 Stevenson Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 23 1933

19. UNDERTAKER A Howard Edwards

(Address) 38½ East Ave

Y 21 1933

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21st 1933 to May 19th 1933

I last saw h... alive on May 18th 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Emphysema following Lobar pneumonia	March 1933
Other contributory causes of importance Gangrene of lung	about 10 days prior to death

Name of operation Resection of ribs etc Date March 1933

What test confirmed diagnosis? X-ray Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry ... M. D.

5/20/33 (Address) 1204 E. Hanover St

OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

Spec.—1 12-23—M&T—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90559

E 90559

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2415 N. Stockton St. (Ward) 15-01

2-FULL NAME Thomas Fenwick

(a) RESIDENCE NO. 2416 N. Stockton St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Fenwick

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) St. Marys Co. Md.

PARENTS

10 NAME OF FATHER George Fenwick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lydia Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary E. Fenwick. (Address) 2415 N. Stockton St

15 Filed MAY 21 1933 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19- 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1932, to May 19, 1933, that I last saw h— alive on 5-19- 1933, and that death occurred, on the date stated above, at 3 11 p. m.

The CAUSE OF DEATH was as follows: Cardio-Renal-Vascular Disease

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George C. Page, M. D.

, 19 (Address) 516 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery. DATE OF BURIAL May 22 1933

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Presstman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B M 90560 E 90560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 754½ W. Saratoga St., 4-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence L. Parker

(a) Residence: No. 754½ W. Saratoga St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Parker

6. DATE OF BIRTH (month, day, year) Jan 15 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 years	4 mos	5 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Parker

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Florence Parker

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ben Parker

(Address) 2538 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date May 23 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED MAY 24 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1932 to April 20 1933

I last saw her alive on May 19th 1933. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

Uremia three days — Date of onset

Other contributory causes of importance:

Nephritis Chronica for indefinite period, two years or longer

Date of ...

Name of operation none

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. B. Tovarre M. D.

(Address) 654 W. Franklin St.

M. D. B. 1268-b

E 90561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90561

CERTIFICATE OF DEATH

31

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1328 Smith St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Johnson

(a) Residence: No. 1328 Smith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fmale | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9 1853

7. AGE | Years 70 | Months 0 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

FATHER
13. NAME Isaac Watkins
14. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

MOTHER
15. MAIDEN NAME Hannah Watkins
16. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

17. INFORMANT Hannah Watkins
(Address) 1328 Smith

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date May 22 1923

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th 1923

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...
I last saw h... alive on May 19 1923 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Stomach & Bowel	6 months

Other contributory causes of importance:

Name of operation Autopsy Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90562

HEALTH DEPARTMENT—CITY OF BALTIMORE 90562

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 East St. 5-W (Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Fazio

(a) Residence: No. 309 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony Fazio

6. DATE OF BIRTH (month, day, year) April 29 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Charles Maratrile

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maggie Dutrockie

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Domenick Fazio

(Address) 309 East St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 23 1933

19. UNDERTAKER Richard F. Gurley

(Address) 700 E. Oliver St.

MAY 21 1933 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1933 to May 20th 19

I last saw her alive on May 20th 1933 Death is said to have occurred on the date stated above, at 11 ½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hypertensive, arteriosclerotic, cardio-vascular disease	

Name of operation — Date of

What test confirmed diagnosis? Hyp. — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Marrs A. Fine M. D.

(Address) 120 Wright St.

M. D. B. 1268-9

M ✓

90563 HEALTH DEPARTMENT—CITY OF BALTIMORE B 90563

CERTIFICATE OF DEATH

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley M. Cunningham

(a) Residence: No. #3 Sunship Rd., St., Dundalk Ward. Balto. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
WIFE of
(or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Passaic, N.J.

FATHER

13. NAME Stuart Cunningham

14. BIRTHPLACE (city or town) (State or country) Passaic, N.J.

MOTHER

15. MAIDEN NAME Rose DeKeyser

16. BIRTHPLACE (city or town) (State or country) Passaic. N.J.

17. INFORMANT Mrs. Rose Cunningham
(Address) #3 Sunship Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Passaic N.J. Date May 22 1933

19. UNDERTAKER John C. Miller
(Address) 2435 E. Monument St.
Baltimore, Md.

MAY 27 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from
virginia autopsy to , 19
I last saw h alive on virginia autopsy, 19 Death is said
to have occurred on the date stated above, at virginia autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	5/19/33
Automobile Accident	5/19/33

Other contributory causes of importance:

Name of operation Decompression Date of 5/19/33

What test confirmed diagnosis autopsy Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/19, 1933
Where did injury occur? Front & 238 A Hilma Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while playing in the street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Tokony M. D.
Coroner

(Address) 2135 E. Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 90564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90564

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St., 19-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Copeland

(a) Residence: No. 3 W. N. Mount St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mattie

6. DATE OF BIRTH (month, day, year): Apr. 27, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Marion S. C.

FATHER

13. NAME: Sylvester

14. BIRTHPLACE (city or town) (State or country): Marion, S. C.

MOTHER

15. MAIDEN NAME: Mandy Hardy

16. BIRTHPLACE (city or town) (State or country): Marion, S. C.

17. INFORMANT (Address): Record Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date May 22, 1933

19. UNDERTAKER (Address): Joseph A. Lively 1409 N. Mount Street

20. FILED MAY 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-19-33

22. I HEREBY CERTIFY, That I attended deceased from 3-10-33 to 5-19-33

(last saw) him alive on 5-19-33 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease arteriosclerotic	2-19-33
Other contributory causes of importance: Bronchopneumonia	5-13-33
arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-19-33 (Signed) Clem Fisher M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

E M. D. No. 90565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90565

CERTIFICATE OF DEATH

93-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Bradford St. 1-01 Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank V. Heil

(a) Residence: No. 612 S. Bradford St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) March 13 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2.	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Michael Heil

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Maria L. Kuppelbergfi
(Address) 612 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date May 22 1933

19. UNDERTAKER Wendell Ford
(Address) 300 S. Eutaw St.

20. FILED 19 ... Registrar

Y 21333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/33 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/33 19 ... to 5/18/33 19 ...

I last saw him alive on 5/11/33 19 ... Death is said to have occurred on the date stated above, at 4 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	2 yrs (1931)
Other contributory causes of importance: Chronic Bronchitis	1 yr. (1932)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. H. Heussman, M. D.

(Address) 2913 E. Baltimore

5/18/33

THE CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1-63-9

90566 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 90566

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 McDonogh Street St., 7th Ward)

Length of residence in city or town where death occurred 32 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Petro Matranga

(a) Residence: No. 1123 McDonogh Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa (Distefano)

6. DATE OF BIRTH (month, day, year): July 11, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Not Working

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Angelo Matranga

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Providence Modica

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mr. Joseph Matranga
(Address) 1915 E. Chase Street.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cem Date: May 23, 1933

19. UNDERTAKER: George J. Pusateri
(Address) 1730 Aisquith Street

20. FILED: May 22 1933 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 19, 1933

I last saw h[illegible] alive on May 10, 1933. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Haemorrhage	May 19

Other contributory causes of importance:

Arteriosclerosis

Name of operation: Physical Signs Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. E. Reames, M. D.

May 20 (Address) 1301 ½ Rath St.

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of MANNER OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

90567 E 90567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH St. Josephs Hosp. Registered No. 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Bongiovanni (Bongiovani)

(a) Residence: No. 421 Forest St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret (Liberto)

6. DATE OF BIRTH (month, day, year): Oct. 19, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Francisco Bongiovani

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Calabrese (Unknown)

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mrs. Margaret Bongiovani
(Address) 421 Forrest Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cem. Date: May 22, 1933

19. UNDERTAKER: Geo. J. Ruth Son
(Address) 17 S. Howard St. Baltimore, Md.

MAY 22 1933 Huntington Tidewater, Md.
No. Filed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933 to May 20, 1933

I last saw h[illegible] alive on May 20, 1933 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	1915
Empyema of Chest	Apr 1933

Other contributory causes of importance:

Old Potts Disease of Spine
Chronic Interstitial Nephritis

Name of operation: None. Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W Wagenseller M. D.
(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90568 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90568

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1967 Patterson Park Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie Ziegler

(a) Residence: No. 1967 Patterson Park Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roumania

FATHER

13. NAME John Ziegler

14. BIRTHPLACE (city or town) (State or country) Roumania

MOTHER

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMANT Mrs Bublitzer

(Address) 1615 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date May 22, 1933

19. UNDERTAKER Henry W Jenkins & Co

(Address) Eutaw & Mulberry Sts

20. FILED May 22 1933 Huntington Pattison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1933 to May 19, 1933

I last saw h... alive on May 19, 1933 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 year

Other contributory causes of importance:

Metastasis	
Gangrene of left foot	3 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Starr M. D.

(Address) 100 Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90569

CERTIFICATE OF DEATH

92-001

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109-E. Melrose ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hulbeam Jr. Frank.

(a) Residence: No. 109-E. Melrose ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Frank

6. DATE OF BIRTH (month, day, year) Aug 6-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Eugene B. Frank

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah Frank

(Address) 109-E. Melrose ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

Huntington Williams N.D.
Assistant

MAY 22 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Jaborandi
Pneumonia
Heart Dis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Chas. H. Hoffman M. D.
Coroner

(Address) 1732 Roland Ave

M. D. B. 1268-9

E 90570 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90570

CERTIFICATE OF DEATH

82-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Woodlawn Road St. 27-W Ward)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Belle S. Creney

(a) Residence: No. 314 Woodlawn Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of T. Spence Creney

6. DATE OF BIRTH (month, day, year) July 4, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Frank H. Shallus

14. BIRTHPLACE (city or town) ---------
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Isabelle Cursey

16. BIRTHPLACE (city or town) ----------
(State or country) Not obtainable

17. INFORMANT Miss Bessie Creney
(Address) 314 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 5/22 1933

19. UNDERTAKER Henry U. Mears and Son
(Address) 505 N. Gilmor St.

20. FILED MAY 22 1933 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 1933 to May 20 1933

I last saw her alive on May 20 1933 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Cerebral Hemorrhage -	
Found early morning down found unconscious in bed.	
Other contributory causes of importance:	
Hypertension past 5-6 years -	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Robinson M. D.

(Address) Medical Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90571

E 90571 HEALTH DEPARTMENT—CITY

CERTIFICATE OF DEATH

V 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zaby Scott

(a) Residence: No. 1826 N. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1933

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME Thomas Scott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Novella Stokes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date May 19 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

MAY 20 1933 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2:30 pm 5/15/33, 19 ... to 5:30 pm 5/15/33, 19 ...

I last saw him alive on 5/15/33, 19 ... Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
congenital debility	5/15/33
Other contributory causes of importance:	
prematurity	5/15/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. H. Flint M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—1-30—M. & T.—250 Bks

90572 Miles

E 90572

82-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 N. Calvert Street ST. 12-01 WARD)

2-FULL NAME John W. Miles

(a) RESIDENCE No. 2721 N. Calvert Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Acabella J. Miles

6 DATE OF BIRTH (month, day, and year) Feby 9. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78.	3.	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

PARENTS

10 NAME OF FATHER Nelson C. Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cecelia Mayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Mrs. Geo Sparks

(Address) 2721 N. Calvert St

15 Filed 2 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1933 19 to May 20, 1933 19

that I last saw him alive on May 20, 1933 19

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 5 yrs. -- mos -- ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby M. D.

5/20/33 19 (Address) 3522 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County.

DATE OF BURIAL May 22 19 33

20 UNDERTAKER John C. Mitchell & Sons

ADDRESS 1900 Eutaw Pl.

M. D. B. 1268-9

E 90573

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90573

Ped.

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Battee

(a) Residence: No. 118 N. Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/9/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Battee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Barbara Hebner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 22, 1933

19. UNDERTAKER L. Greenauer & Son
(Address) 32 S. Broadway

20. FILED ..... 19 ..... Registrar.

MAY 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-15-1933 to 5-20-1933

I last saw h.. alive on 5-20-1933 Death is said to have occurred on the date stated above, at 6.2. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Intracranial Hemorrhage	5-9-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Ann E. K. Turner M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 90574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90574

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2832 Frederick Ave, St., 20th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 24 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Warfield

(a) Residence: No. 2832 Frederick Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Warfield

6. DATE OF BIRTH (month, day, year) Jan 29 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co md

FATHER
13. NAME Henry P. Thomas
14. BIRTHPLACE (city or town) (State or country) Howard Co md

MOTHER
15. MAIDEN NAME Annie Cahalfont
16. BIRTHPLACE (city or town) (State or country) State of Washington

17. INFORMANT George Warfield
(Address) 2832 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date May 24 1933

19. UNDERTAKER J. A. Joerdens & Son
(Address) 217 S. Paca

20. FILED May 24 1933 Registrar.

F 22 1533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 26 Mar, 1933, to 21 May, 1933
last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Several years.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Exsufficiency Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Z. Vance Hayden, M. D.
(Address) 2565 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 90575 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90575

CERTIFICATE OF DEATH

V 186-001

Registered No. 00-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wharry

(a) Residence: No. 2605 Macmpel Lane, Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced BUSBAND of (or WIFE of) Margaret Wharry

6. DATE OF BIRTH (month, day, year) Aug 23-1870

7. AGE 62 Years | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry

10. Date deceased last worked at this occupation (month and year) 1926 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Pius Wharry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Windle

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Alice Wharry

(Address) 2600 Macmpel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 22, 1933

19. UNDERTAKER J. B. Hipsley & Son

(Address) 2300 Eutaw Pl

Hunting Valley, Md

20. FILED MAY 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1933 to 5-18-1933

I last saw him alive on 5-18-1933 Death is said to have occurred on the date stated above, at 8 00 p m.

The principal cause of death and related causes of importance were as follows:

Fractured femur Rt — Date of onset 5-1-33

Other contributory causes of importance:

Uremia — 5-14-33

Name of operation Reduction of fracture Date of 5-2-33

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 5-1-1933

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Slipped on Banana Peel

Nature of injury Fractured femur Rt

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Hull M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268

90576

E 90576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 E. Biddle St. 10-C1 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie L. Newcomer,

(a) Residence: No. 436 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Wm. P. Newcomer.

6. DATE OF BIRTH (month, day, year) June 5. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	65	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Samuel Bricker,
14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Geo. H. Dell
(Address) 436 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL MAY 23 1933
Place London Park Date 19

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

20. FILED MAY 22 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 29 1933 to May 21 1933
I last saw h[illegible] alive on May 20 1933. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic fibroid phthisis	
Other contributory causes of importance: Cystomata	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm. F. Schaub, M. D.

(Address) 701 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—17-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90577

CERTIFICATE OF DEATH.

V 131 E 90577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1208 Light St. 23-01 Ward)

2-FULL NAME George F. Cooper

(a) RESIDENCE NO. 1208 Light St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie E. Cooper

6 DATE OF BIRTH (month, day, and year): May 25, 1859

7 AGE — Years: 73 — Months: 11 — Days: 25 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ice Cream

(b) General nature of industry, business, or establishment in which employed (or employer): Mnf. 045

(c) Name of employer: Self.

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER: Henry Cooper

11 BIRTHPLACE OF FATHER (city or town): Balto., Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Chestina Merryman

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Interment (Address): Henry Cooper (Son) 1208 Light St.

15 Filed 19 Huntington Title Co. Funeral Director

MAY 22 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 20/33

17 I HEREBY CERTIFY, That I attended deceased from May 1 19 32 to May 20/33 19 ..... that I last saw him alive on May 20/33 19 ..... and that death occurred, on the date stated above, at 11 20 A.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) ..... yrs. 10 minutes mos. ..... ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. Thos. Bloomer M. D.

19 (Address) 120 Light St. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial May 22 19 33

20 UNDERTAKER: Margaret D. Flynn ADDRESS 1422 Light

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90578

CERTIFICATE OF DEATH

E 90578

V 161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Boston St. St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wladyslaw Balakier Jr.

(a) Residence: No. 2212 Boston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 600

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wladyslaw Balakier

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Krolicki

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wlayslaw Balakier
(Address) 2212 Boston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 22 1933

19. UNDERTAKER J. W. Ozarowski
(Address) 1930 Eastern Ave

MAY 22 1933

Registered ... 19 ... Huntington Wallace, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1933 to May 21, 1933

I last saw him alive on May 21, 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Monstrum	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wladyslaw Ozarowski M. D.

(Address) 2029 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90579 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90579

1. PLACE OF DEATH,
CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. W. Norman Brown (Lillian)

(a) Residence: No. Mace & O'Ferrall Ave. St., Stemmers Run (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wh.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of W. Norman Brown

6. DATE OF BIRTH (month, day, year) Feb. 23rd 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Burlington Gill
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Elsie Clough
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT W. N. Brown
(Address) Mace & O'Ferrall Ave.

18. BURIAL, CREMATION, OR REMOVAL Lakewood Cemetery Date May 23 1933

19. UNDERTAKER Walter Lipscomb & Sons
(Address) 2401 Belair Road

FILED MAY 22 1933 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 1933 to May 21 1933
I last saw her alive on May 21 1933 Death is said to have occurred on the date stated above, at 3.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1 yr. +
Sec. Carcinoma of lung, rt	1 yr. +

Other contributory causes of importance: Obstructing bronchus 5-21-33

Coroner J. J. Mowrey

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John W. Spence Jr. M. D.
(Address) Union Mem. Hosp.

MANNER OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90580

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2831 Georgetown Road Monroe Park WARD 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Roeding

(a) RESIDENCE No. 2831 Georgetown Road WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs mos ds How long in U. S., if of foreign birth? 46 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE: Wilhelmina Roeding

6 DATE OF BIRTH (month, day, and year): July 4th 1851

7 AGE: Years 81 Months 10 Days 5

If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Rudolph Roeding

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Lange

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Caerie C. Stevens 2831 George Town Road

15 [illegible] Huntington Williams, M.D.

MAY 22 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1933

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 19, 1933, that I last saw him alive on May 18, 1933, and that death occurred, on the date stated above, at 12 00 M.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning, Myocarditis
Chronic Interstitial Nephritis
Angina Pectoris

(duration) Unknown yrs mos ds

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs mos 1 ds

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nostrand Schenck, M. D.

May 19 1933 (Address) 2151 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Cemetery — DATE OF BURIAL: May 23 1933

20 UNDERTAKER: E Schlosman & Son — ADDRESS: 1039 Hanover Av

TION is very important. See instructions on back of certificates.

M. D. B. 1268-0

5 20 P.M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90581 M 3 d

E 90581

Registered No. 92 001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Amberg

(a) Residence: No. 129 S Curley St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannette

6. DATE OF BIRTH (month, day, year) 2-29-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Die Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Amberg

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Phlemenger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cemetery Date May 22, 1933

19. UNDERTAKER Harry Sander & Sons Inc Levy & Wade

(Address) Baltimore 5th & Broadway

20. FILED MAY 22 1933 Thurston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1933 to May 18, 1933

I last saw him alive on May 18, 1933 Death is said to have occurred on the date stated above, at 5 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Rheumatic Endocarditis	
Subacute Bacterial Endocarditis	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gaston Hardy M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Give statement of the primary cause, as well as any secondary causes, of death.

M. D. B. 1268-9

90582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23 E 90582

1. PLACE OF DEATH Baltimore City Hospitals (TB.) 26-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julius Kutz

(a) Residence: No. 342 S. Lehigh st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Nov. 10, 1975

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Anthony Kutz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie Essner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date May 24, 1933

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore St. & Broadway.

20. FILED MAY 22 1933 by Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1932 to May 21, 1933

I last saw him alive on May 21, 1933 Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Steen M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of DISEASE or CAUSE of DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

90583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Hamilton V 23

6 F 90583

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6301 Birchwood St., Ave Ward) 27-01

Length of residence in city or town where death occurred 40 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Dockhorn

(a) Residence: No. 6301 Birchwood St., Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Florence E Dockhorn

6. DATE OF BIRTH (month, day, year) Sept 8/1892

7. AGE	Years	Months	Days if 1	If LESS than 1 day, hrs. or min.
	40	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Display Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'Neil Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Dockhorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ineta Klinge

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Florence E Dockhorn
(Address) 6301 Birchwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 23. 1933

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. [illegible] Huntington Ave Received

Y 221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 . 1933 to May 20 . 1933

I last saw him alive on May 19 . 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset May 1933

Other contributory causes of importance: Pulmonary Tuberculosis — 1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. E. Hartman M. D.

(Address) 12 E. Read St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90584 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90584

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Hill

(a) Residence: No. 3706 Hortonia Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date May 12, 1933

19. UNDERTAKER

(Address)

20. FILED ... Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1305 N. Patterson Park

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90585 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90585

CERTIFICATE OF DEATH

94002

Registered No. .....

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Md St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Hubbard

(a) Residence: No. 1134 E. Lombard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Saunders Hubbard

6. DATE OF BIRTH (month, day, year) 12-25-

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country) St. Marys Co., Md

FATHER

13. NAME Joseph Hubbard

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

MOTHER

15. MAIDEN NAME Marie Butler

16. BIRTHPLACE (city or town) (State or country) St. Marys Co., Md

17. INFORMANT Record Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 5/22, 1933

19. UNDERTAKER Chas. S. Cooper
(Address) 3143 Eastern Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1930 to 5-21, 1933
that I saw h.. alive on 5-21, 1933 Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-20-33
Other contributory causes of importance: Arthritis infectious	1930

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

5-22-33 Elmer Hofsberg M. D.
(Signed)
(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

Wojtas

90586

HEALTH DEPARTMENT—CITY OF BALTIMORE

90586

27130

CERTIFICATE OF DEATH

X V 47

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Henry Wojtas

(a) Residence: No. Severn Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Nov 30 1884 Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 48	5	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Wojtas

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date May 23 1933

19. UNDERTAKER Herbert D. Faulkner Co

(Address) 1000 W. Lanvale Ave

20. FILED MAY 24 1933 [illegible] Registrar.

MAY 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22. 1933 to May 20. 1933.

I last saw h. alive on May 20. 1933 Death is said to have occurred on the date stated above, at 5 (a.) m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
Pulmonary abscess	

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David L. Reese M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-6

E 90587 HEALTH DEPARTMENT—CITY OF BALTIMORE 90587

CERTIFICATE OF DEATH

V 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2873 Chesterfield Ave St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Maria Wieland

(a) Residence: No. 2873 Chesterfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. J. Wieland

6. DATE OF BIRTH (month, day, year) Jan. 22 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	20 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME William Stark

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT Mrs. John Schlingman
(Address) 2873 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 23, 1933

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager ST.

20. FILED MAY 24 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 20, 1933

I last saw h. alive on May 20, 1933 Death is said to have occurred on the date stated above, at 9.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthenia	Week

Other contributory causes of importance:

Diabetes Insipidus

Name of operation Date of

What test confirmed diagnosis? Phy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) Garden. 8

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

90588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

STILL 159 ✓E 90588

Registered No. [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Hamilton Ave St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Benson

(a) Residence: No. 3107 Hamilton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Infant

6. DATE OF BIRTH (month, day, year): May 2-1933

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME (First name unknown): Benson

14. BIRTHPLACE (city or town) (State or country): Unknown Unknown

MOTHER

15. MAIDEN NAME: Alice Mann

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: U. of Md College Date: May 22, 19 33

19. UNDERTAKER
(Address) [redacted]

20. FILED ... 1933 Hunter Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May 21, 1933
I last saw him alive on May 21, 1933 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyst Sebaceous Scalp	
~~Gastritis~~ Prematurity	
Other contributory causes of importance: Weak & Ill Nourished weight at birth 4 pounds.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify
(Signed) Jos L. Valentine M. D.
(Address) 14 S. Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90589

E 90589

CERTIFICATE OF DEATH

79-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-0 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roy Guden

(a) Residence: No. 1523 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13/1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wil iam Guden

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Levin

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mm. Guden
(Address) 1423 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date 5-22- ... 1933

19. UNDERTAKER ... Levine Inc
(Address) 1532 E. Baltimore St

19a. FILED MAY 22 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.A.M.

The principal cause of death and related causes of importance were as follows:

Pneomococcic Meningitis — Date of onset

Other contributory causes of importance:

Name of operation Lumbar Puncture Date of ...

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner. M. D.

(Address) 508 E Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90590

V 33 E 90590

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 18-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Fowlkes

(a) Residence: No. 6 South Collington St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Daisy Fowlkes

6. DATE OF BIRTH (month, day, year) Nov. 8 1886

7. AGE — Years 46 | Months 6 | Days 11 | If LESS than 1 day, hrs. or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME Geo W. Fowlkes

14. BIRTHPLACE (city or town) (State or country) Charlestown Md

MOTHER

15. MAIDEN NAME Henriette Delmon

16. BIRTHPLACE (city or town) (State or country) Charlestown, Md

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 23 1933

19. UNDERTAKER Elroy O Wilson

(Address) 1000 E Fayette Ave

Huntington Williams Jr

(Signature of Undertaker or Undertaker's Representative)

22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1933 to May 19 1933

I last saw him alive on May [redacted] 1933. Death is said to have occurred on the date stated above, at [redacted] m.

The principal cause of death and related causes of importance were as follows:

Hypertrophy: Prostate — Date of onset 1932?

Bronchitis

Contributory causes of importance:

Cardiac Decompensation — Date of onset Feb 33

Chronic Myocarditis ?

Name of operation Suprapubic Cystotomy May 33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Schaffner M.D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 90591 (3267) HEALTH DEPARTMENT—CITY OF BALTIMORE E 90591

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-02 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert White

(a) Residence: No. 1937 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Viola

6. DATE OF BIRTH (month, day, year): 6-25-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	10 11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Me

FATHER

13. NAME: Pete White

14. BIRTHPLACE (city or town) (State or country): Ky

MOTHER

15. MAIDEN NAME: America Buckner

16. BIRTHPLACE (city or town) (State or country): Ky

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL: Mt. Calvary Cem

Place: Cemet Date: May 24 1933

19. UNDERTAKER: Elroy A. Wilson

(Address) 1000 Chantilly Ave.

[illegible] Clayton Williams, Registrar.

221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933 to May 21, 1933

I last saw him alive on May 21, 1933 Death is said to have occurred on the date stated above, at 1 1/5 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Aorta	?
Bronchopneumonia	5/12/33

Other contributory causes of importance: over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R Carmichael Feldman, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85 E 90592

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 323 N. Carey St. St., 18-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Campbell.(C)

(a) Residence: No. 323 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, XXXXXXXXXXXX (or) WIFE of XXXXXXXXX Joseph Campbell.(C)

6. DATE OF BIRTH (month, day, year) March 3, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Henry Campbell.(C)

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Ida Wilson.(C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ida Campbell.(C) mother.
(Address) 323 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5/23 1933

19. UNDERTAKER Charles H. Burkett
(Address) 321 N. Carey St. Huntington Williams, M.D.

22 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M. Reinhardt Coroner . M. D.

5/22/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 1508

E 90593 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23 E 90593

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N. Monastery Ave St.) (Ward 20-01)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothea Anna Heusler.

(a) Residence: No. 203 N. Monastery Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Henry Charles Heusler

6. DATE OF BIRTH (month, day, year) October 28 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 03
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

FATHER

13. NAME Charles B. Franz.
14. BIRTHPLACE (city or town) York.
(State or country)

MOTHER

15. MAIDEN NAME Mary Wolfrom
16. BIRTHPLACE (city or town) York.
(State or country)

17. INFORMANT John Heusler
(Address) 701 N. Pat St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 25, 1933

19. UNDERTAKER August Pauk
(Address) 2750 E. Lombard Ave

20. FILED 22 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933 to May 22, 1933
I last saw her alive on May 21 1933 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor in Mediastinum	
Intussusception of Lung.	
Other contributory causes of importance:	
Hypostatic Congestion	

Name of operation None Date of ...
What test confirmed diagnosis? X Ray + Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Bartley M.D.
(Address) 817 Medical Arts Bldg

Instructions on back of certificate.

AACo. 5-H 2508

E 90594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90594

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Mt. Henry St. 19-al Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Frances Stickell

(a) Residence: No. 1515 Mt. Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: late Harrison J. Stickell

6. DATE OF BIRTH (month, day, year): June 8, 1850

7. AGE: Years 82 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min. ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Easterly

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Lawrence Stickell
(Address) 1515 Mt. Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cemetery Date: 5/23, 1933

19. UNDERTAKER: Harry A. Mitchell
(Address) 4101 Edmondson Ave

20. [illegible] 19... RPK Registrar.

221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933 to May 20, 1933
that I saw her alive on May 20, 1933 death is said to have occurred on the date stated above, at 9.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage of left brain	4-30-33

Other contributory causes of importance:
"General debility" due to age.

Name of operation ... Date of ...
What test confirmed diagnosis? right side paralysis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Thos. H. Phillips M. D.
(Address) Edmondson Ave

M. D. B. 1268-9

E 90595

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90595

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Edmondson Ave 21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Shipley

(a) Residence: No. 2605 Edmondson Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H Shipley

6. DATE OF BIRTH (month, day, year) July 26 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Albert Kuck

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Christa Litchfield

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Ruth Crabill.
(Address) 2605 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Park. Date May 25, 1933

19. UNDERTAKER Chinworth Son.
(Address) 3615-17 Chestnut Ave.

Huntington Williams M.D.
Registrar.

20. FILED 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to May 22, 1933

I last saw her alive on May 21, 1933 Death is said to have occurred on the date stated above, at 8:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension in Cardio Renal disease	2

Other contributory causes of importance: Cardiac asthenia

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 342 Chestnut Ave

M. D. B. 1268-9

B 90596

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90596

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — 79-001 Registered No.

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Margaret Child

(a) Residence: No. 2122 Woodberry Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Child.

6. DATE OF BIRTH (month, day, year): Nov 18, 1930.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	6.	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md.

FATHER

13. NAME: Marion Childs
14. BIRTHPLACE (city or town) (State or country): md.

MOTHER

15. MAIDEN NAME: Margaret Sigwell
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Marion Childs
(Address) 2122 Woodberry Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date May 23, 1933

19. UNDERTAKER: Sherwood & Son
(Address) 3615-17 Eastern Ave

Huntington Williams M. D.

221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-15-1933 to 5-21-1933

I last saw her alive on 5-21-1933 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (?)	5-8-33
Other contributory causes of importance: Infection nasal sinuses	5-6-33

Name of operation: Drainage septum nose Date of: 5-9-33

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Morris B Schreiber M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—9-30—A. & Co.—250 Blks

E 90597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 90597

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp. St. 19-al WARD)

2 FULL NAME Barbara Kunkel

(a) RESIDENCE NO. 1538 W. Baltimore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W Lete	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nicholas A Kunkel

6 DATE OF BIRTH (month, day, and year) Oct 20. 373

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	6 7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Jos Schuler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anthon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Frank Kunkel
(Address) 1538 W Balto St

15 2 2 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-33

17

I HEREBY CERTIFY, That I attended deceased from H-25-33, 19..., to 5-19-33, 19

that I last saw h alive on 5-19-33, 19

and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis; Chr. hepatitis. (duration) yrs. 8(?) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) B.W. Donlee M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross P A	May 25 1933

20 UNDERTAKER John R Emmy Sons

ADDRESS 2215 Guilford Ave

Please write very important. See instructions on back of certificates.

M. D. B. 1268-9

E 90598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90598

CERTIFICATE OF DEATH

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Gwynns Falls above Frederick Ave (Ward) 21st

Length of residence in city or town where death occurred 9 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Wallace Ahrens.

(a) Residence: No. 1130 Ridgely St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) March 4, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William J. Ahrens.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret E. Close.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William J. Ahrens. (father)
(Address) 1130 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date May 24, 19 33

19. UNDERTAKER A. Howard Evans & Son
(Address) Huntington, W. Va.

20. FILED 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... Death is said I last saw h... alive on ... 19 ... to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

Occidental Drowning while in bathing.

Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury May 21/33

Where did injury occur? Gwynns Falls. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Drowning.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

5/22/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90599

90599

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Virginia Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred R Clatchey

(a) Residence: No. 3404 Virginia Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Virginia Hamlet Clatchey

6. DATE OF BIRTH (month, day, year) Feb 22nd 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dispatric Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James M. Clatchey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Goldie Hudson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James M. Clatchey

(Address) 3404 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 24 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams

Registrar.

221933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1933 to May 22 1933

I last saw ~~him~~ alive on May 21st 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1923
+ acute exacerbation	May 33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Silverhardt M. D.

(Address) 1901 Eutaw Pl

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90600

CERTIFICATE OF DEATH

E 90600

Registered No. 5[illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 4-Ob

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Homer G. Starcher

(a) Residence: No. Ripley (Usual place of abode) W. Va St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Mamie Starcher

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 45 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date decensed last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Ripley W Va

FATHER

13. NAME Homer G Starcher

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Hickman

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Tracey Starcher

(Address) Huntington West Va

18. BURIAL, CREMATION, OR REMOVAL

Place Parkersburg West Va Date May 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 22 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to May 22, 1933

I last saw him alive on May 22, 1933. Death is said to have occurred on the date stated above, at 3 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cranitomy	5/22/33
Cerebral tumor (malignant?)	11/32

Other contributory causes of importance:

Name of operation Craniotomy Date of 5/22/33

What test confirmed diagnosis? Chance Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry S. Mueller M. D.

(Address) University Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90601 E 90601

CERTIFICATE OF DEATH

59 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3718 Elm Ave. St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Smallwood

(a) Residence: No. 3718 Elm Ave. St., 13 Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Smallwood

6. DATE OF BIRTH (month, day, year): Dec. 23. 1851

7. AGE: Years 81 | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: James Dougherty
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Priscilla —
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Joseph Smallwood 3718 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL: Balto. Co. Place: Mt. Zion, Frelandsville May 23. 1933

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED ... Registrar.

221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 33 to May 20 33

I last saw her alive on May 20. 33 Death is said to have occurred on the date stated above, at 7.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dysentery	1 yr
Other contributory causes of importance: Diabetes Arteriosclerosis Chron. Int. Nephritis	15 yr

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vernon J. Kelly M. D.

(Address) 6 of Somerset Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

90602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90602

15

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4500 Arabia Ave 2nd Wd.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta J. Krumrein

(a) Residence: No. 4500 Arabia ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Fredrick Krumrein

6. DATE OF BIRTH (month, day, year) Dec 21 - 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Elizabeth Foes

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mrs. Chas. W. Nagle (Address) 4500 Arbia ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date May 23, 1933

19. UNDERTAKER Philip Herwig (Address) 2016 Eutaw st. Huntington Williams Funeral Dir.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to May 20, 1933. I last saw her alive on May 20, 1933. Death is said to have occurred on the date stated above, at 10:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2 4 hrs
Pyelo-nephritis	3 yrs-
Other contributory causes of importance, arteri-sclerosis —	10 yrs-
Empolbid condition of intestines various forms	May 5/33

Name of operation — Date of operation —

What test confirmed diagnosis? annual physical exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Krumrein M. D.

(Address) 722 N. Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90603 F 90603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3128 Sequoia Ave (Ward) 15-01

Length of residence in city or town where death occurred 80 yrs. 11 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Moore

(a) Residence: No. 3128 Sequoia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fanny M. Moore

6. DATE OF BIRTH (month, day, year) June 13, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst Wtr Distributor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired (B+O)

10. Date deceased last worked at this occupation (month and year): 0?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Wm H. Moore

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Mary Norman

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs Fanny M. Moore

(Address) 3128 Sequoia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 23 1933

19. UNDERTAKER: Wm H. Pickuer Sons

(Address) Norfolk Va Ave.

MAY 23 1933

12 [illegible] Lexington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 1933 to May 21 1933

I last saw alive on May 21 1933 Death is said to have occurred on the date stated above, at 1.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1yr
Other contributory causes of importance:	
Chronic Lobar Pneumonia	1yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) W. S. Fahey M.D. M. D.

(Address) 3128 Sequoia Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 90604

90604

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St., 27-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dopkar

(a) Residence: No. 2919 Oakley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) April 15 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Sopher

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bessie Cohen

(Address) 539 Whitelock st

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Southern ave Date May 23 1933

19. UNDERTAKER Sol Levinson Bro

(Address) 1417 E Baltimore st

MAY 23 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 22, 1933

I last saw him alive on May 22, 1933. Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular renal disease, hypertension + myocardial degeneration + decompensation	Unknown
Other contributory causes of importance: Bronchopneumonia	5-20-33

Name of operation None Date of

What test confirmed diagnosis? X Ray + Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Savage, M. D.

(Address) Univ Hosp.

M. D. B. 1268-9

E 90605

E 90605 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Good Shepherd General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Britt

(a) Residence: No. 1520 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Housework 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Henry Hill

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT a (Address) Ernest Davis 707 Caroline St

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem Date 5-22 . 1933

19. UNDERTAKER Mrs Josephine Locke (Address) 130 Hillsdale Rd Catonsville Md

20. FILED MAY 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 17 . 1933 to 5/21/33 . 19

I last saw her alive on 5/21/33 19 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Nephritis	1933
Hypertension	Jan.

Other contributory causes of importance:

Myocarditis
Senility

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No . 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W R Boyd Kin . M. D.

(Address) 1512 N. Gilmor

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

90606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90606

CERTIFICATE OF DEATH

72-001

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 13-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME Mr Louis Cohen

(a) Residence: No. 2312 Mondawmin Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachie Cohen

6. DATE OF BIRTH (month, day, year) April 15, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sola

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Pikesville Hebrew Cem Date 5/23/33 19

19. UNDERTAKER Clark Lewis Inc

(Address) 1739 E Baltimore St.

231933 Huntington Williams, Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21 . 1933 to May 22 , 1933

I last saw him alive on May 22 . 1933 Death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:

Chronic lymphatic leukemia

Bronchopneumonia, terminal

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90607 ✓ E 90607

90607

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Newington Ave. St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Flaherty.

(a) Residence: No. 818 Newington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John E. Flaherty.

6. DATE OF BIRTH (month, day, year) March 15. 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	~~11~~ 2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houde work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Walch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT MRS Chas. Flaherty.
(Address) 818 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May. 24 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts.

231933 Winston Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1932 to May 21 1933. 19

I last saw her alive on May 20 1933. Death is said to have occurred on the date stated above, at 5 30 A M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Arteriosclerosis	
Other contributory causes of importance:	
Pedema of lungs	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Janeway M. D.

(Address) 119 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90608

HEALTH DEPARTMENT—CITY OF BALTIMORE

90608

CERTIFICATE OF DEATH

115-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 S. Chester St ..... St., 1-01 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 53 yrs. ... mos. ... ds.

2. FULL NAME Maryanna M. Kurowska

(a) Residence: No. 233 S. Chester Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~XXXXXXXX~~ XXX WIFE of Michael G. Kurowski

6. DATE OF BIRTH (month, day, year) Feb, 7th/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Andrysiak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marcyanna Hoffman

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Michael G. Kurowski

(Address) 233 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem. Date May 26th 1933

19. UNDERTAKER George a Weber

(Address) 705 ~~Hanover St~~ Huntington Ave, Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18 1933 to May 21 1933

I last saw her alive on May 21 1933. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis with Septicaemia	5-20-33

Other contributory causes of importance:

~~Septicaemia~~ Acute Follicular Tonsilitis.	5-18-33

Name of operation None Date of

What test confirmed diagnosis? P.S. & S Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John F. Sonnborn M. D.

(Address) 1802 Eastern Ave.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

90609

HEALTH DEPARTMENT—CITY OF BALTIMORE

90609

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Belle City Hospital 24-01 (Ward)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence O Rathell

(a) Residence: No. 209 E Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Eva Rathell

6. DATE OF BIRTH (month, day, year) Feb 6 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Rathell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E Hodges

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Eva Rathell

(Address) 209 E Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 24 1933

19. UNDERTAKER John F Dough

(Address) 715 Light St

MAY 23 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 11:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D F Kemp M.D. Coroner

(Address) 1305 N Patterson Park Ave

Spec.—1-30—M. & T.—250 Blks

E 90610

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90610

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE. (No. Caroline + Olwer ST. 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Providenza Maggio

(a) RESIDENCE NO. 4011 Pinkney Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frank Maggio

6 DATE OF BIRTH (month, day, and year) June 22, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11 10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Gaetano Lanza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Maggio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Maggio

(Address) 4011 Pinkney Rd

15 Filed MAY 23 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. , 1932 , to May 21 , 1933 ,

that I last saw her alive on May 21 , 1933 ,

and that death occurred, on the date stated above, at 9.05A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Vascular Hypertension

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S. H. Bonanno , M. D.

, 19 (Address) 318 Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL May 24 1933

20 UNDERTAKER Frank V. Pipitone — ADDRESS 251 E Balto St

M. D. B. 1263-9

E 90612 2 Copies

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90611

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nevitt S Hill (Nevett Steele Hill)

(a) Residence: No. Maryland and North Ave. Payalton apts St., ... Ward.

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1893 ~~1894~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	~~39~~	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Dr. Norman F. Hill

14. BIRTHPLACE (city or town) Prince George County (State or country) Md

MOTHER

15. MAIDEN NAME Caralyn Roberts ~~Lockwood~~

16. BIRTHPLACE (city or town) Prince George County (State or country) Md

17. INFORMANT ~~Husband~~ Mrs. Carolyn Hill

(Address) North and Maryland Ave. JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date May 24 19 33

19. UNDERTAKER Joseph B Cook

(Address) 1005 West Baltimore St.

MAY 23 1933 ~~Washington~~ Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to May 22, 1933

I last saw h~~im~~ alive on May, 1933 Death is said to have occurred on the date stated above, at 12 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LYMPHOSARCOMA	1932
INVOLVING GLANDS SPLEEN AND LIVER.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph E. Hills M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90612 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90612

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S Linwood ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Martin Sparny

(a) Residence: No. 604 S Linwood ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Sparny

6. DATE OF BIRTH (month, day, year): Oct 18 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Joseph Sparny

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Anna Lewandowski

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Bertha Sparny 604 S Linwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Date: May 24. 1933

19. UNDERTAKER (Address): Martin W. C. Dippell Inc 37 S Amity St

20. FILED: Huntington Will [illegible] MAY 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18. 1933 to May 21. 1933

I last saw h e alive on May 18. 1933. Death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Nephritis	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) [illegible] M. D.

(Address) 1939 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90613 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90613

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred 32 yrs. 10 mos. 18 ds. How long in U. S. if of foreign birth? 32 yrs. 10 mos. 18 ds.

2. FULL NAME Robert Sherwood (Robert Bailor Sherwood)

(a) Residence: No. 304 E. N. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Evans Sherwood

6. DATE OF BIRTH (month, day, year) July 4 1900

7. AGE: Years 32 | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John S. Sherwood

14. BIRTHPLACE (city or town) (State or country) Warrenton Virginia

MOTHER

15. MAIDEN NAME Jeannette Hoggson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. R. Sherwood (Mother)
(Address) 410 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 24 1933

19. UNDERTAKER Stewart Moore & Brennan Co.
(Address) Huntington Williamsport, Md.

(Filed) MAY 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from April 28 1933, to May 22 1933

I last saw h.. alive on May 22 1933. Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Lymphoma	Apr 28 33
Other contributory causes of importance:	
Influenza	Apr 28 33
Pleuro-pneumonia	May 19 33

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) J. J. Saunders Jr. M. D.

(Address) University Hospital

M. D. B. 1268-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90614 E 90614

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Della Haynes

(a) Residence: No. 470 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Raymond Haynes

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Carrie Matthews

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Sarah Jennings

(Address) 631 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5-20 1933

19. UNDERTAKER Lewis Eastland

(Address) 916 Pennsylvania Ave

MAY 23 1933 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 - 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of right femur	
Right hemiplegia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-18 1933

Where did injury occur? Bare Hill.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On home

Manner of injury Fell from 2nd story porch

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M.D. Signed Coroner . M. D.

(Address) 2934 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 90615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90615

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 Alameda ST., 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha J. Cuddy

(a) RESIDENCE NO. 2719 Alameda ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Cuddy

6 DATE OF BIRTH (month, day, and year): Mar 14, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Philadelphia, Pa

PARENTS

10 NAME OF FATHER: Thomas Daly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Friel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. J. F. Cuddy (wife)

(Address): 2719 Alameda

15 Filed 23 1933, 19.. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to May 22, 1933, that I last saw h ex alive on May 22, 1933, and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Cer. Hypo-Hypo-carditis (Acute Cardiac dilatation)

..... (duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Jno. B. Hebert, M. D.

....., 19.. (Address) 210 N Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 5/26 1933

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light St.

M. D. B. 1268-9

90616

HEALTH DEPARTMENT—CITY OF BALTIMORE

951 002

E 90616

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hosp. St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Letter Waters

(a) Residence: No. 1404 Park Heights Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Richard Waters

6. DATE OF BIRTH (month, day, year) 2/16/1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md

FATHER

13. NAME Frank Brown

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER

15. MAIDEN NAME Sarah Ross

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md.

17. INFORMANT Mr R. D Waters

(Address) 4100 Idaho Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Duncans Mem Gdns 5/24 1933

19. UNDERTAKER William Cook

(Address) 1247 St Paul St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/24/33. 19..... to 5/22 ..... 19 33.

I last saw h.e alive on 5/22/33 19 . Death is said to have occurred on the date stated above, at 3:15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Heart disease with Myocardial failure	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas Bruce Schaefer M. D.

(Address) Balto city Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 V E 90617

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4111 Montanna Ave. St., 27-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Wolfe

(a) Residence: No. 4111 Montanna Ave. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Henry Wolfe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Hyatt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Herbert Norwood

(Address) 4111 Montanna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 24th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to May 22, 1933.

I last saw h GR alive on May 21, 1933 Death is said to have occurred on the date stated above, at 3:10p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glosso-labial-pharyngeal paralysis	May 15

Other contributory causes of importance:

Arterio-sclerosis--Many years ago	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. L. Hellman, M. D.

(Address) 5713 Belair Rd.

AaCo. 5-It 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

90618

CERTIFICATE OF DEATH

92-001 E 90618

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Mens Home

CITY OF BALTIMORE: (No. 1400 W Lexington St., 14-01 Ward)

Length of residence in city or town where death occurred 76 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles R Fales

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME James Fales
14. BIRTHPLACE (city or town) (State or country) Mass.
15. MAIDEN NAME Eleanor Bean
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary E Forestal
(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 24 1933

19. UNDERTAKER George J Smyth
(Address) 1532 Hallum St

No. FILED MAY 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933 to May 23, 1933

I last saw him alive on May 23, 1933 death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pleurisis	2 days
Metabolism Deficiency	2 yrs.
Arteric Sclerosis	2 yrs.
Other contributory causes of importance:	
Duodenal ulcer	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Edw R Bayne M. D.

(Address) 1115 St Paul St.

M. D. R. 1269-0

E 90619

HEALTH DEPARTMENT—CITY OF BALTIMORE

90619

CERTIFICATE OF DEATH

93003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto., Md S 4-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah ~~Jones~~ Brown

(a) Residence: No. 530 Shad alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records, Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cemetery Date 5/23 1933

19. UNDERTAKER John J. Kelly Son
(Address) 1318 Light St.

Huntington Williams, Registrar.

Y 231933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21-33

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1931 to 5-21 1933

I last saw h[illegible] alive on 5-21 1933 Death is said to have occurred on the date stated above, at 1:00A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?

Other contributory causes of importance: arteriosclerosis general ?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) 2233 Elmer Highbarger, Jr. M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90620

CERTIFICATE OF DEATH

X V 126 E 90620

1. PLACE OF DEATH Maryland General Hosp. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-0 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Helminiak

(a) Residence: No. Rosedale, Md., St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Helminiak

6. DATE OF BIRTH (month, day, year) Dec. 24/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Fabiak

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Urbaska

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Fritz Helminiak

(Address) Rosedale Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date May 24 1933

19. UNDERTAKER M. O'Connell & Sons

(Address) 1932 Huntington Ave. Baltimore, Md.

231933 RTH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/19 1933 to 5/22 1933

I last saw her alive on 5/22 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Gall Bladder	
Ruptured Gall Bladder	
Cholelithiasis	
General Peritonitis	

Other contributory causes of importance:

Myocardial Failure

Name of operation Cholecystotomy Date of 5/20 1933

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Fred Gus. Lloyd M. D.

(Address) 1 Mt. Gus. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90621

CERTIFICATE OF DEATH

34 ✓

E 90621

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 877 W. Fairmount Ave St. 18-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Palmer

(a) Residence: No. 877 W. Fairmount Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm. Palmer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm Thomas
(Address) 877 W. Fairmount

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 5/22, 1933

19. UNDERTAKER Mrs Katie B. Williams
(Address) 322 N. Schroeder St.

Huntington Williams M.D.
Registrar.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feller M. D.
Coroner

(Address) 879 Edmondson Ave

M. D. R. 1268-9

E 90622 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 90622

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4705 Park Heights Ave. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Durrbeck,

(a) Residence: No. 4705 Park Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia M. Durrbeck,

6. DATE OF BIRTH (month, day, year) May 2. 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	--	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Durrbeck,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Gregon,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Amelia M. Durrbeck
(Address) 4705 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date MAY 26 1933, 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

23 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 23 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from November 10 1932 to May 23 1933

I last saw him alive on May 22 1933 Death is said to have occurred on the date stated above, at 6:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis of Kidneys	
Arterial Hypertension	2 yrs
Senile arthrosclerosis	2 yrs.

Other contributory causes of importance:

Cardiac Dilatation	5 days
Anemia	4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 3025 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90623

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4450 Newport Ave St., 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard J Lyons

(a) Residence: No. 4450 Newport Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7/1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Washington Md.

FATHER

13. NAME Theodore J Lyons

14. BIRTHPLACE (city or town) (State or country) Parkton Md.

MOTHER

15. MAIDEN NAME Elsie E Jones Lyons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elsie E Lyons (mother)

(Address) 4450 Newport Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Marys and Hamilton Cem Date May 25/ 1933

19. UNDERTAKER Walter Davis

(Address) 3418 Eastern Ave

FILED 23 1933

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23/ 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17 1933 to May 23 1933

I last saw alive on May 23 1933 Death is said to have occurred on the date stated above, at 2 20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importanre:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) N E Francis M. D.

(Address) Baltimore, Md

1123 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90624

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 90624

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Curran

(a) Residence: No. 1920 Granada Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Curran

6. DATE OF BIRTH (month, day, year) Sept 15-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40 4	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Edward J. Reilly

14. BIRTHPLACE (city or town) (State or country) Phila. Pa

MOTHER

15. MAIDEN NAME Catherine Brown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Edward F. Curran

(Address) 1920 Granada Ave

18. BURIAL, CREMATION, OR REMOVAL Mem Cath 5/26/33 Date ... 19

19. UNDERTAKER Bernard A. Finke

(Address) 1800 W. Baltimore Blvd Huntington Woods, Md.

231933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95E 90625

E 90625

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 14-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clement Hamilton

(a) Residence: No. 2208 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Hamilton

6. DATE OF BIRTH (month, day, year) Feb 22 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George's Co Md Maryland

FATHER

13. NAME John Hamilton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lizzie Herbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizebeth Comegys

(Address) 2208 Division St

18. BURIAL, CREMATION, OR REMOVAL Prince Geo Co

Place White Marsh Prince Geo Co Md. Date May 24. 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

MAY 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13. 1933 to May 20. 1933

I last saw him alive on May 20. 1933 Death is said to have occurred on the date stated above, at 910p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kimmel M. D.

(Address) St Joseph's Hosp

M. D. E. 1268-9

90626 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90626

CERTIFICATE OF DEATH

X V 22

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W Grimes

(a) Residence: No. Union Bridge St. Ward. Carroll Co, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Grimes

6. DATE OF BIRTH (month, day, year) Dec 5 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gatekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MT RR Co

10. Date deceased last worked at this occupation (month and year) May 33

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Levi Grimes

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Julie Welker

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs Laura Grimes

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cem Date May 26 1933

19. UNDERTAKER E Ward Tyler & Sons

(Address) Union Bridge Md

20. FILED Hunting Ton Md 1936 Registrar

MAY 24 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 23, 1933 to 5 24, 1933

I last saw h alive on 5 24, 1933 Death is said to have occurred on the date stated above, at 12 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puncture Wound Rt Foot	5-11-33
Other contributory causes of importance: Acute Tetanus	5 22 33

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ Date of injury 5 11, 1933

Where did injury occur? Union Bridge (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stepped on a rusty Nail

Nature of injury Puncture Wound Rt Foot

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Hull, M. D.

(Address) University Hospital

M. D. B. 1268-9

90627

HEALTH DEPARTMENT—CITY OF BALTIMORE

90627

CERTIFICATE OF DEATH

131 V

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 763 N Charles St. 12-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Claudr Tucker

(a) Residence: No. 763 N Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine M Tucker

6. DATE OF BIRTH (month, day, year) June 7 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Enoch T Tucker

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Katherine M Tucker
(Address) 763 N Charles

18. BURIAL, CREMATION, OR REMOVAL
PI Loudon Park Date May 24 1933

19. UNDERTAKER Wm J Tuckwell & Son
(Address)

20. FILED MAY 24 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8th 1933, to May 22 1933

I last saw h... alive on May 21 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs
Other contributory causes of importance: Chronic Myocarditis	2 wks

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Isaac E Ducharme, M. D.

(Address) 1355 N. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90628

CERTIFICATE OF DEATH

E 90628

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Hosp. Mercy Hosp (b) 6 (Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Leonora Bateman

(a) Residence: No. 22 N. Wolf St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Alvin Hefton

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

MOTHER

15. MAIDEN NAME Gertrude Hulcher

16. BIRTHPLACE (city or town) (State or country) Jackson

17. INFORMANT Mamie S. Richo

(Address) Mercy Memorial Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvert Date 5/24/33

19. UNDERTAKER J. McCook

(Address) 1219 St Paul St

20. FILED MAY 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthrosis of Liver	
Sepsis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John Monroe Coroner M. D.

(Address) 3612 Colonial

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90629

CERTIFICATE OF DEATH

46 E 90629

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 Belmont Ave 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Churchill

(a) Residence: No. 3112 Belmont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Jennie Churchill

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	(?) 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer 57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Coleman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jennie Churchill

(Address) 3112 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/26 1933

19. UNDERTAKER W. M. Cole

(Address) 214 E Fayette St

MAY 24 1933 [illegible] Washington Wilkinson, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23 1933 to May 22 1933

I last saw him alive on May 21 1933 Death is said to have occurred on the date stated above, at 11.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis T. Levy M. D.

(Address) 1844 W. Lock Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—L-10-21—M&T—1500 Bks.

90630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90630

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1336 W. North Ave (St.) 13-01 (Ward)

2-FULL NAME John Fott.

(a) RESIDENCE NO. 1336 W. North Ave (St.) ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Schultz

6 DATE OF BIRTH (month, day, and year) Sept 17-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	8	5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Stone cutter Retired

(b) General nature of industry, business, or establishment in which employed (or employer) — 615

(c) Name of employer — — —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Fott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Marie Smedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Matilda Hartman
(Address) 1336 W. North ave

15 Filed May 24 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1933

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to May 23, 1933, that I last saw h alive on Sunday 20, 1933, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Chronic Nephritis (Senility - Senescence)

(duration) yrs. 2 mos da.

CONTRIBUTORY (Secondary) Senile debilitation

(duration) yrs. mos. 3 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Fenwick Perkins, M. D.

5-25 19 33 (Address) 2 W. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 24th 1933

20 UNDERTAKER: Wm Cook 1217 St Paul St — ADDRESS

MAY 24 1933

TION is very important. See instructions on back of certificates.

M. D. B. 1268-0

90631 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90631

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Gwynns Falls North of Frederick Ave. (Ward) 21-21

Length of residence in city or town where death occurred 19 yrs. ---mos.---ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence P. Bailey.

(a) Residence: No. 1019 Russell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, XXXXXXXXXXXXX HUSBAND of XXXXXXXX Virginia Bailey.

6. DATE OF BIRTH (month, day, year) November 29, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Art Glass mirror grinder.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

FATHER

13. NAME Cecil A. Bailey.

14. BIRTHPLACE (city or town) (State or country) At Tyrone, Pa.

MOTHER

15. MAIDEN NAME Annie C. Palmer.

16. BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

17. INFORMANT Virginia Bailey, (wife)
(Address) 1019 Russell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet, Date 5-24, 1933

19. UNDERTAKER Bernard C. Harlow
(Address) 1000 E. Pratt St.

20. FILED Huntington Woods, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ---, 19--- to ---, 19---

I last saw h--- alive on ---, 19--- Death is said to have occurred on the date stated above, at 8.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occidental Drowning while in Bathing.	
Other contributory causes of importance:	

Name of operation No. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 5/21/33, 19

Where did injury occur? Gwynns Falls
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner
5/23/33 (Address) 1017 E. Charles St.

M. D. R. 1268-9

E 90632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90632

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3013 (Street) Gwynn Falls Parkway (Ward) 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo T. Jacobs

(a) Residence No. 3013 Gwynn Falls Parkway, Ward. 15-21

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX.	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Bertha Gadsby

6. DATE OF BIRTH (month, day, year) 1 2 6, 8[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) A A Co Md

FATHER

13. NAME Thomas S Jacobs

14. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER

15. MAIDEN NAME Kate V Taylor

16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT Horace T. Jacobs

(Address) 3013 Gwynn Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem. Date May 25, 1933

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1700 Eutaw Place

20. FILED May 24, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1933 to May 23, 1933

I last saw him alive on May 22, 1933 Death is said to have occurred on the date stated above, at 8.30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	(Yr) 2 yrs
Arteriosclerosis.	

Other contributory causes of importance:

Myocarditis	2 days
Pneumonia	

Name of operation none Date of

What test confirmed diagnosis? Sob Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Marlin E Stark M. D.

(Address) 806 N Fulton ave

806 N Fulton ave

DUPLICATE is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

90633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90633

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1346 N. Stricker ST., 15-01 WARD)

2—FULL NAME Alice Smith

(a) RESIDENCE NO. 1346 N. Stricker ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed or divorced HUSBAND of (or) WIFE of: Frank Brighton

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 73 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Emanuel Brighton

(Address) 1346 N. Stricker

15 Filed 24 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/22-'33

17 I HEREBY CERTIFY, That I attended deceased from 5/1 . 1933 . to 5/22 . 1933 .

that I last saw her alive on 5/22 . 1933

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Aortic Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. M. Rhett, M. D.

5/23. 1933 (Address) 2139 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 5/24 1933

20 UNDERTAKER: Saml. W. Crane & Son

ADDRESS: 638 N. Gilmor

Spec.—2-29-28—L. F. S.—500 Blks.

90634 E 90634

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH 2219 Druid Hill Ave REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 14-a WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bessie Patterson

(a) RESIDENCE NO. 2219 Druid Hill Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C. C.	S

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/29/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Patterson
11 BIRTHPLACE OF FATHER (city or town) Middlesex
(State or country) Virginia
12 MAIDEN NAME OF MOTHER Esther Gunby
13 BIRTHPLACE OF MOTHER (city or town) Middlesex
(State or country) Virginia

14 Informant Mother
(Address) 2219 Druid Hill Ave

15 Filed 5-24 1933 Huntington Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23-33

17 I HEREBY CERTIFY, That I attended deceased from 5/20 1933 to 5/23 1933
that I last saw her alive on 5/24 1933
and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Bronchitis
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unk
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Carson L. Johnson, M. D.
5-23 1933 (Address) 632 Baker st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	May 24 1933
20 UNDERTAKER	ADDRESS
Sam'l. H. Chase & Son	638 N. Gilmor

Spec.—1-30—M. & T.—250 Blks

90635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90635

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 Arlington Ave ST. 27 WARD 61

2-FULL NAME Mrs. W. Wilson

(a) RESIDENCE NO. 719 Arlington Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara M. Wilson

6 DATE OF BIRTH (month, day, and year) June 6 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer Merchants Club

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md.

PARENTS

10 NAME OF FATHER Alec. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Malvina Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co. Md.

14 Informant Clara M. Wilson

(Address) 719 Arlington Ave

15 Filed MAY 24 1933

16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1933

17 I HEREBY CERTIFY, That I attended deceased from March 1933 to 21 May 1933

that I last saw him alive on 20 May 1933

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

Bronchopneumonia

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Cardiac Failure Senile Marasmus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Arnold Gray M. D.

1933 (Address) 715 N. Carolina St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cemetery

DATE OF BURIAL May 24th 1933

20 UNDERTAKER T. H. & R. A. Elliott

ADDRESS 1129 Madison Ave

M. D. B. 1268-9

90636 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90636

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2757 W. North Ave St. 15-01 Ward)

Length of residence in city or town where death occurred 18 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Mabel V. Everson ~~Everson~~ Everson

(a) Residence: No. 2757 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of William Everson ~~Everson~~

6. DATE OF BIRTH (month, day, year) May 6 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg pa -

FATHER

13. NAME John F. Fauble

14. BIRTHPLACE (city or town) (State or country) pa -

MOTHER

15. MAIDEN NAME Elizabeth Viola Key

16. BIRTHPLACE (city or town) (State or country) pa -

17. INFORMANT William Everson ~~Everson~~

(Address) 2757 W. North Ave -

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 24 1933

19. UNDERTAKER W. M. Routson

(Address) 2238 W. North Ave

241933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from April 26 1933 to May 22 1933

I last saw her alive on May 22 1933 Death is said to have occurred on the date stated above, at 1230 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	2 yrs.
Metastasis to Liver.	
Pneumonia.	2 dys

Other contributory causes of importance:

Name of operation Could not Operate. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) G. R. Adelsberger M. D.

5/23/33 (Address) 2757 W. North Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90637

E 90637

CERTIFICATE OF DEATH

46

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Hansel ST., 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hattie Bell Curtis

(a) RESIDENCE NO. 2803 Hansel ST., 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of the late J. Homer Curtis

6 DATE OF BIRTH (month, day, and year) Dec 17, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) Home 037

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Thomas R. Colein

11 BIRTHPLACE OF FATHER (city or town) Balto Co
(State or country)

12 MAIDEN NAME OF MOTHER Alexzina Floyd

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

(To complete) Informant Mrs Edna Sheehan

(Address) 2803 Hansel Ave.

15 MAY 24 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22/33

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to May 22, 1933, that I last saw her alive on May 22, 1933 and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gastrica.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs.

(Signed) Thaumen Wheeler, M. D.

5/22, 1933 Address) 2410 Rollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Pk Cem

DATE OF BURIAL 5/25 1933

20 UNDERTAKER Harry V. Pritzlaff

ADDRESS 1616 Edmondson

M. D. R. 90638

212393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53 E 90638

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter Gray.

(a) Residence: No. 2128-13th St S.E. St., ... Ward. Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susan

6. DATE OF BIRTH (month, day, year) 7/21/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George Gray.

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Catherine Reagan

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Dale Cem. Date 5/24/ 1933

19. UNDERTAKER Thomas F. Mungavon Son

(Address) Washington D.C.

20. FILED MAY 24 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-24 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to May 24 1933

I last saw him alive on May 24 1933 Death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mole Removed from back Recurred, developing into Sarcoma & metastases to brain	July 31

Other contributory causes of importance:

Name of operation Right Craniotomy Date of May 16

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? O If so, specify ...

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90639

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90639

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2539 W. Lanvale St. (If not in hospital) (Ward) 11-01

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda J. Lohmeyer

(a) Residence: No. 2539 W. Lanvale St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 13 1856

7. AGE: Years 77 | Months — | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co Maryland

FATHER

13. NAME Leonard Wyse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Evia MacGregor

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles E. Clark

(Address) 2539 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5-24 1933

19. UNDERTAKER Durell Carton

(Address) 916 Pa Ave

Huntington Williams, Reg.

MAY 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 20, 1933

I last saw h. alive on May 20, 1933. Death is said to have occurred on the date stated above, at 2.26 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs,
Senility	

Other contributory causes of importance: Anasarca & Oedema of Lungs | May 1 1933

Name of operation None Date of

What test confirmed diagnosis Clinical Symptoms or Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Charles E. Clark M.D.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Charles E. Clark M. D.

(Address) 3814 Piedmont Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of the particulars, so that it may be properly classified.

E 90640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. Union Memorial Hospital St., 27 Ward.

Length of residence in city or town where death occurred 13 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Jordan Bennett

(a) Residence: No. 318 Berkshire Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Aug. 31, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Frank Y. Bennett

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Julia Stevenson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frank Y. Bennett
(Address) 318 Berkshire Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 5/26 19 33

19. UNDERTAKER Williams & Cook
(Address) 1219 St Paul St. Balt.

20. FILED ... 19 ... Huntington Williams Registrar

247933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1933 to May 25, 1933

I last saw h... alive on May 25, 1933 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Apr 24
Other contributory causes of importance: Acute endocarditis	Apr 22
Pyelitis abscess	
Pyelonephritis abscess	Date of 5-22-33

Name of operation ... Date of ...

What test confirmed diagnosis? Bl. Cult Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel McCausland M. D.

(Address) 108 East 33rd St.

0641 B. B. 1268-9

BUSINSKY E 90641

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N. Chester St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 44 yrs. ... mos. ... ds.

2. FULL NAME Frank J. Businsky

(a) Residence: No. 900 N. Chester St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes M Businsky

6. DATE OF BIRTH (month, day, year) Oct 4/77

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baku-Azerbaijan

FATHER

13. NAME Frank Businsky

14. BIRTHPLACE (city or town) (State or country) Baku-Azerbaijan

MOTHER

15. MAIDEN NAME Antonette Sidl

16. BIRTHPLACE (city or town) (State or country) Baku Azerbaijan

17. INFORMANT Agnes Businsky (Address) 900 N Chester

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 26, 1933

19. UNDERTAKER Frank Brach Son (Address) 1906 Eastern Ave

FILED MAY 24 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 31 19... to May 22 33

last saw alive on May 22, 1933 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Cancer of Larynx	Oct 12 31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Gilbert Rayner M. D.

(Address) 50. 11 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec —1-30—M. & T.—250 Bks

E 90642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90642

V 51

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3314 Edmondson Ave. ST. 16-21 WARD)

2-FULL NAME John H. Weyrich.

(a) RESIDENCE NO. 3314 Edmondson Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married

5a If married, widowed, or divorced, HUSBAND of Anna Weyrich.

6 DATE OF BIRTH (month, day, and year) February 4, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hobel Rennert.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Peter J. Weyrich.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Theresa -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Anna Weyrich. (wife)

(Address) 3314 Edmondson Ave.

15 Filed ..., 19... Registrar

MAY 24 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1933

17 I HEREBY CERTIFY, That I attended deceased from January 3rd 19 33, to May 22nd. 1933.

that I last saw h.im alive on May 22nd. 1933.

and that death occurred, on the date stated above, at 11.45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Prostate.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jany. 10, 1933

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & operation.

(Signed) Otto M. Reinhardt, M. D.

5/28/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL May 26 1933

20 UNDERTAKER Robt C. & B. M. Walters

ADDRESS 3570 Edmondson Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90643

90643

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen Hospital St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Lendtke

(a) Residence: No. English Consul Balto. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Charles Lendtke

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Minnie Toft

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Rose Lendtke (Address) English Consul, Md

18. BURIAL, CREMATION, OR REMOVAL Place Edenwald Cem Date 5/26 '33

19. UNDERTAKER Margaret E. Flynn (Address) 1422 Eutaw St Baltimore, Md

FILED MAY 24 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 19 . to . 19

I last saw h alive on May . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	5/21/33
Other contributory causes of importance: automobile accident	5/21/33

Name of operation Laparotomy Date of 5/21/33

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/21/33

Where did injury occur? Rd Annapolis Rd & Illinois (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident Landsdown

Manner of injury Struck by auto while walking across road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Carey M. D.

(Address) 2202 Eutaw St

M. D. B. 1288-9

90644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90644

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. & Md St., 5-91 Ward)

Registered No. 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh mingle

(a) Residence: No. 109 W. Aisquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret —

6. DATE OF BIRTH (month, day, year) 6-17-1885

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	47 48	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Woodbury, Tenn.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Cannon Co. Tenn

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) Cannon Co Tenn

17. INFORMANT Records Balto City Hospitals

Address

18. [illegible] OR REMOVAL May 29-33

Place Interred Md Date May 24, 1933

19. UNDERTAKER John C. Kirby 2735 E Oliver St.

(Address)

FILED MAY 24 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-29-1933 to 5-22-1933

I last saw him alive on 5-22-1933 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?
Other contributory causes of importance: arteriosclerosis general	?

Name of operation none Date of —

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-22-33 (Signed) Elmer Hitchborn Jr. M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90645

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.

2. FULL NAME William Rawlings

(a) Residence: No. 800 Block W. Fairwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	-	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor, gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME Nelson Rawlings

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Resd. Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 24, 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED 24 1933 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-17 1932 to 5-22-1933

I last saw h[illegible] alive on 5-22-1933 Death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?
Other contributory causes of importance: Infection of right lung	5-3-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .. 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

5-23-33 (Signed) Elmer Hisaberg M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90646

CERTIFICATE OF DEATH

E 90646

130

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto. City Hospital
CITY OF BALTIMORE: (No. Balto. Ind. St., 17-04 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rita Oliver
(a) Residence: No. 652 George St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Oil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Halifax Co., Va.

FATHER

13. NAME Jeff Rivers
14. BIRTHPLACE (city or town) (State or country) Halifax Co., Va

MOTHER

15. MAIDEN NAME Cach Stevens
16. BIRTHPLACE (city or town) (State or country) Halifax Co, Va

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 24, 1933

19. UNDERTAKER [redacted]
(Address)

20. FILED May 24 1933 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20-1933

22. I HEREBY CERTIFY That I attended deceased from 5-15-1933 to 5-20-1933
I last saw her alive on 5-20-1933 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis acute	5-6-33

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
5-20-33 (Signed) Elmer Hightower M. D.
(Address) Balto. City Hospitals

M. D. B. 1268-9

90647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90647

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. HOpkins Hospital St. 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen RobinOwski

(a) Residence: No. 101 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frank Robinowski

14. BIRTHPLACE (city or town) (State or country) ???

MOTHER

15. MAIDEN NAME Agnes -------

16. BIRTHPLACE (city or town) (State or country) ????

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart Date 5/24 19 33

19. UNDERTAKER John J. Fahey Son
(Address) 1318 Eutaw St.
Registrar

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Hemorrhagic Areas in both lungs	

Other contributory causes of importance:

Clinical History of congenital leues

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Wales M. D.
Attending Physician

(Address) 508 E Ivanhoe

M. D. B. 1263-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90648 — 130E 90648

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Balto 4 St., Md 14-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lisdale Gaskins

(a) Residence: No. 320 Stricker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marilla —

6. DATE OF BIRTH (month, day, year) 2-4-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Angelus S.C.

FATHER

13. NAME George Angelus

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dora Lowell

16. BIRTHPLACE (city or town) (State or country) Angelus S. C.

17. INFORMANT Records City Hospitals
(Address) Balto

18. BURIAL, CREMATION, OR REMOVAL Pine Nichols S.C. Date 5/24/33

19. UNDERTAKER Charles S. Cooper
(Address) 544 N. Calhoun St.

24 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1933 to 5-22 1933

I last saw h... alive on 5-22 1933 Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, acute	4-29-33

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

5-23-33 (Signed) Elmer Hibbard M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90649 CERTIFICATE OF DEATH 108 E 90649

1. PLACE OF DEATH Balto City Hospitals Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md 4 St. 2-2-01 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lilly Bowman

(a) Residence: No. 536 W. Lee St St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jones —

6. DATE OF BIRTH (month, day, year) 7-13-1910

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	22	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Joe Dingle

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Lue Tindle

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mannings & Combs Date 5/24 1933

19. UNDERTAKER Walter B. Price
(Address) 139 W. Hamburg St.

20. FILED MAY 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19-33

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1933 to 5-19 1933

I last saw her alive on 5-19 1933 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	5-1-33
Dementia praecox	?

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

5-20-33 (Signed) Elmer Hinkley M.D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90650 ✓173 E 90650

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N. Caroline St. 8-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert Colvin

(a) Residence: No. 1111 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race black | 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 6/1890

7. AGE — Years 42 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not now employed

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME John Colvin

14. BIRTHPLACE (city or town) (State or country) Midleburg, Va.

MOTHER

15. MAIDEN NAME Grace Thornton

16. BIRTHPLACE (city or town) (State or country) Middleburg, Va.

17. INFORMANT John Colvin, Bro., (Address) Patapsco Park, A?A?Co., Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date May 26, 1933

19. UNDERTAKER Joseph A. Lively (Address) 1409 Mount Street

Huntington Williams, M.D. Registrar.

4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about 9.30 A.M m

The principal cause of death and related causes of importance were as follows:

Pistol Shot Wound of Brain — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? ye

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury May22/33

Where did injury occur? 1111 N. Caroline St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Shot while resisiting a police officer

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D. Coroner

(Address) 1106 E North Ave

A&Co. 5-31 250B

90651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 90651

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 W. Fayette St. 19-03 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Gloriso

(a) Residence: No. 1419 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-24-1933

7. AGE Years	Months	Days	If LESS than 1 day 3 hrs. or ... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0d

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Sam Gloriso

14. BIRTHPLACE (city or town) (State or country) Italy

FATHER

15. MAIDEN NAME Mary S. Brocatto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sam Gloriso
(Address) 1419 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5-24, 1933

19. UNDERTAKER Geo. F. Kelly Sons
(Address) 1111 Harlem Ave.

5-24-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to May 24, 1933
I last saw her alive on May 24, 1933 death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Asphyxia.

Name of operation ... Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) V. Messina M. D.
(Address) 102 W. Ostend St

M. D. B. 1268-9

B 90652 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90652

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1529 John St (St.) 14-01 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 71 / 29

2. FULL NAME Robert Wallace Rose

(a) Residence: No. 1529 John St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): March 26 1862

7. AGE: Years: 71 | Months: 1 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drugs

10. Date deceased last worked at this occupation (month and year): about 1930

11. Total time (years) spent in this occupation: 50yrs

12. BIRTHPLACE (city or town) (State or country): Trappe Maryland

FATHER

13. NAME: Wm. Rose

14. BIRTHPLACE (city or town) (State or country): Talbott Co. Md

MOTHER

15. MAIDEN NAME: Sallie Griffin

16. BIRTHPLACE (city or town) (State or country): Talbott Co. Md.

17. INFORMANT: Wm. F. L. Rose (Brother)
(Address) 1529 John St

18. BURIAL, CREMATION, OR REMOVAL
Place Easton Md Date May 27 1933

19. UNDERTAKER: Stewart Mortuary Co
(Address) 108 Washington Ave.

20. FILED ... 19... [illegible] Registrar

24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24 33. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1933 to May 23 1933

I last saw him alive on May 23 1933 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Indetermined	
Angina Pectoris	
Other contributory causes of importance:	
Hypostatic Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Frank E. Smedley M. D.

(Address) 4436-25th St Balto Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90653

CERTIFICATE OF DEATH

E 90653

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-04 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Myers

(a) Residence: No. Alexandria Va St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: E. M. Myers

6. DATE OF BIRTH (month, day, year): March 30. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Alexandria Va

FATHER

13. NAME: William B. Dobie

14. BIRTHPLACE (city or town) (State or country): Alexandria Va

MOTHER

15. MAIDEN NAME: Mary J. Hunter

16. BIRTHPLACE (city or town) (State or country): Alexandria Va

17. INFORMANT: Mrs Hope Reeves

(Address): Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place: Alexandria Va Date: May 25 1933

19. UNDERTAKER: John E. Arnold

(Address): Alexandria Va

20. FILED: May 25 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933 to May 25, 1933

I last saw h.. alive on May 24, 1933 Death is said to have occurred on the date stated above, at 12.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Calcum with metastasis in Cervical Lymphatics and Breast	?

Other contributory causes of importance: Toxemia and Exhaustion. Post operative Pyelitis

Name of operation: Intestinal Date of: May 6. 1933

What test confirmed diagnosis? Visual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton P. Hall M. D.

(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

NICKENS

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90654

E 90654

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Druid Hill Ave St., 14 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Calvin Nickens

(a) Residence: No. 2017 Druid Hill Ave St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Alverta Nickens

6. DATE OF BIRTH (month, day, year) Nov 23, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	5 6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (city or town) (State or country) Rehoboth Beach Del.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Izetta N. Jones (Address) 2017 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 27 1933

19. UNDERTAKER James A Hayes (Address) 1422 Argyle Ave Huntington Williams Co. W. Va.

20. FILED 5-29-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1933 to 5/24/ 1933

I last saw him alive on 5/24/ 1933 Death is said to have occurred on the date stated above, at 3.30 a. m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	5/1/33
Acute Dilatation	5/22/33
Diabetes mellitus & Hypostasis	5/23/33

Other contributory causes of importance:

Chr. Interstitial Nephritis & Hypertension	1929
Paralysis Agitans	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Mental Tension

(Signed) W. M. Bishop M. D.

(Address) 709 Sharp St.

M. D. B. 1268-9

E 90655

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90655

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Haffner

(a) Residence: No. 3017 Brendan Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	wh	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/23/33 7:30 PM

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Mercy Hospital

FATHER

13. NAME Lawrence Christopher Haffner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lillian Elizabeth Schmidtchen

16. BIRTHPLACE (city or town) (State or country) N.Y. City. N.Y.

17. INFORMANT Mother
(Address) 3017 Brendan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date May 25 33

19. UNDERTAKER Jos. J. Otten & Son
(Address) 550 N. Eutaw ave

20. FILED May 25 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/23/33 . 19 ... to 5/24/33 . 19 ...

I last saw him alive on 5/24/33 . 19 ... Death is said to have occurred on the date stated above, at 10 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intrauterine pneumonia	18 hrs.
Breech presentation	—

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Raymond T. Herfeld M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-28—M&T—500 Blks.

James Simms

E 90656

90656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2123 Etting ST. (WARD) 14-21

2-FULL NAME James Simms

(a) RESIDENCE NO. 2123 Etting ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lulu Simms

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 55; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 640

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Ann Hutchinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lulu Simms

(Address) 2123 Etting St.

15 Filed May 26 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1933

17 I HEREBY CERTIFY, That I attended deceased from May 2 1933 to May 25 1933

that I last saw him alive on May 25 1933

and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH was as follows: Cerebral Hemorrhage

(Apoplexy) Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Coleman M. D.

May 24 1933 (Address) 2039 Mt Calvert

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northumberland Co Va

20 UNDERTAKER: Thomas E. Kelson

DATE OF BURIAL: May 25 1933

ADDRESS: 1303 Pressman St

M. D. B. 1268-0

90657

HEALTH DEPARTMENT—CITY OF BALTIMORE

90657

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 E. 25th St. 12-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna A. Brooks

(a) Residence: No. 206 E. 25th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David C. Brooks

6. DATE OF BIRTH (month, day, year) April 28, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem N. J.

FATHER

13. NAME Samuel B. Fledderback

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Hannah Mullica

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mrs. Frank E. McLaughlin

(Address) 206 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date May 25, 1933

19. UNDERTAKER Wm. Rickert Sons.

(Address) North & Ashland Aves.

MAY 25 1933 H. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th 1931 to May 23rd 1933

I last saw her alive on May 21st 1933 Death is said to have occurred on the date stated above, at 4 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Aug 1931

Other contributory causes of importance:

Name of operation None Date of

What confirmed the diagnosis? Clinical Exam Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Geroghty M. D.

(Address) 401 E 25th St

M. D. F. 126849

90658

E 90658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 N. North Ave. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Morrison

(a) Residence: No. 751 N. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilhelmina Morrison

6. DATE OF BIRTH (month, day, year) Sept 22-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8 6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER

13. NAME Hugh Morrison

14. BIRTHPLACE (city or town) (State or country) Hase England

MOTHER

15. MAIDEN NAME Julia Casey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. N. Morrison
(Address) 751 N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 26 1933

19. UNDERTAKER Wm Tuckwell & Son
(Address) North & Penna.

20. FILED Huntingtn Millware MD
Registrar.

MAY 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 1933 to May 23 1933

I last saw him alive on Apr 22 1933. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	5/19/33
Diverticulitis	4/11/33
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? P.I. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John S. Rialds , M. D.

(Address) 12 E. 25th St.

M. D. B. 1268-9

90659 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 90659

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH Levindale — Registered No.

CITY OF BALTIMORE: (No.) St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 95 yrs. mos. ds.

2. FULL NAME Solomon Belkin

(a) Residence: No. Belvedere & Fredspring Sts. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Esther Belkin

6. DATE OF BIRTH (month, day, year): 1852

7. AGE: Years: 81; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Nathan Belkin

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Irma —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs M Wasserman

(Address) 2904 Greenlick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Wash Ld Date 5-25- 1933

19. UNDERTAKER: Wm Keyser Inc

(Address) 1439 E Baltimore St.

FILED MAY 25 1933 (Signature of Registrar) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1933 to 5-24 1933

I last saw him alive on 5-24 1933 Death is said to have occurred on the date stated above, at 12.15 P m.

The principal cause of death and related causes of importance were as follows:

Chr. cardio - vascular disease — Date of onset

Hypertension

Chr. Bronchitis & Emphysema

Other contributory causes of importance:

Asthma

Eczema

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale.

M. D. B. 1263-9

90660 E 90660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27326

107-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Urablitz

(a) Residence: No. 811 S. Fagley St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/19/1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. pd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Joe Urablitz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Helen Austin

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date May 26 . 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 E. Wolfe St.

19. Registrar.

MAY 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22 . 1933 to May 24 . 1933

I last saw him alive on May 24 . 1933. Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	5/24
	over
Other contributory causes of importance:	
Pneumonia	5/18
Acute tuberculous laryngitis	5/17

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John D. Washington M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90661

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Balto City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St. 17-21 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rolland Tinsley

(a) Residence: No. 917 argyle ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Feb 27, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jim —

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 25, 1933

19. UNDERTAKER Miss Katie R. Williams
(Address) 322 N. Schroeder St.

25 1933 Huntington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-33

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1932 to 5-22 1933

I last saw him alive on 5-22 1933 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	?

Other contributory causes of importance:

Nephritis	Transient 3-30-31

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

5-22-33 (Signed) Elmer Kelbaugh M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec. 9-16-29 L. F. S. 100 Bks.

E 90662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90662

95-002

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N Amity ST., 18-9 WARD)

2—FULL NAME Madison Jacobs

(a) RESIDENCE NO. 226 N Amity ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyler Jacobs

6 DATE OF BIRTH (month, day, and year) Oct 30, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat cut

(b) General nature of industry, business, or establishment in which employed (or employer) Mkt

(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Geo Jacobs

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary Wilkins

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Mary Jackson

(Address) 811 Vine St

15 Filed May 25 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 / 33

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 19 33, to May 23, 19 33,

that I last saw h alive on May 23, 19 33

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? H Horwood

(Signed) H Horwood, M. D.

May 24 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL May 25, 1933

20 UNDERTAKER Mrs Kate R Williams

ADDRESS 322 N Schroeder St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

24E 90663

90663

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland [illegible] Hospital

CITY OF BALTIMORE: (No. ..... St., 17th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Beale

(a) Residence: No. 523 Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 22 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Philip R. Beale

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Addie Harris

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem Date May 25 1933

19. UNDERTAKER Edward F. Reedsley
(Address) 518 Druid Hill Ave

25 1933 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22- 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-5- 1933 to 5-22- 1933

I last saw him alive on 5-22- 1933 Death is said to have occurred on the date stated above, at 12.15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. J. Pearce M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90664

90664

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Riverside Ave St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Walker

(a) Residence: No. 1514 Riverside Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George E. Walker

6. DATE OF BIRTH (month, day, year) Junev 9 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Georre Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Lloyd Walker
(Address) 1514 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date May 26 . 1933

19. UNDERTAKER J. Fenwick Mc Cully
(Address) 130 E. Fort Ave

20. FILED MAY 29 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 . 1931 to May 23 . 1933

I last saw her alive on May 22 . 1933 Death is said to have occurred on the date stated above, at 12 45 m. Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Indefinite)	
Other contributory causes of importance: Diabetic Coma	Sp of 33

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. O. Campbell M. D.

5/24/33 (Address) 1644 Hanover St

M. D. B. 1268-9

E 90665

90665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 St. Paul St. St. 12-01)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A: Gibbons.

(a) Residence: No. 2839 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter A. Gibbons.

6. DATE OF BIRTH (month, day, year) Dec. 5th. 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co.
(State or country) Maryland.

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Matilda Kearney

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Miss. Gibbons.
(Address) 2839 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Cemetery Long Green Md May 26 33

19. UNDERTAKER Chas. F. Grace & Son
(Address) 118 W. Mt. Royal Ave.

Registrar. Huntington Williams M.D.

MAY 25 1933

5/23/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to May 22 1933

I last saw h alive on May 22 1933. Death is said to have occurred on the date stated above, at 11 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valv Endocarditis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jefferies Buck M. D.

(Address) 5. Club Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90666 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90666

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen St. 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Hunt

(a) Residence: No. 816 Newington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Hunt

6. DATE OF BIRTH (month, day, year) Aug 2-1872

7. AGE: Years 61 | Months 7 | Days 1920 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos Hunt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Hunt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wife Hunt
(Address) 816 Newington St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 26, 1933

19. UNDERTAKER Martin Gable & Sons
(Address) 1527 W. Baltimore St.

Registered Huntington Williams, M.D.
Registrar.

MAY 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
3 days	
Other contributory causes of importance: Diabetes Mellitus	
Encephalitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Funk M. D.
Coroner

(Address) Coroner

E 90667

M. D. B. 1268-9

E 90667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miguel Marguina

(a) Residence: No. 716 S. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 8, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 186

12. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

13. NAME ?

FATHER

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lillian ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 25, 1933

19. UNDERTAKER

(Address)

20. FILED MAY 26 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24-33

22. I HEREBY CERTIFY, That I attended deceased from 5-19-33 to 5-24-33

I last saw him alive on 5-24-33 Death is said to have occurred on the date stated above, at 6:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	5-15-33

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-24-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90668

E 90668 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Jenellaro

(a) Residence: No. 3616 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1933

7. AGE Years	Months	Days	If LESS than 1 day 23 hrs. & 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Frank Jenellaro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Firenze

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date May 25 1933

19. UNDERTAKER .....
(Address)

20. FILED Huntington Williams M.D.
MAY 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/15/22 19..... to 5/16/33 19.....

I last saw h[illegible] alive on 5/16/22 19..... Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	5/16/22
Other contributory causes of importance:	
congen. heart	5/16/22

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Helen T. Taussig M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M.D.R. 1934 90669

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90669

CERTIFICATE OF DEATH

✓ 95-002

Registered No.

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md 1st Ward) St. 11-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Arthur Mathis

(a) Residence: No. 814 W. Monument St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta

6. DATE OF BIRTH (month, day, year) 7-17-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME William —

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Renshaw

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kennedy Ft Md Date May 25, 1933

19. UNDERTAKER

(Address)

FILED MAY 25 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21-33

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1931 to 5-21, 1933

I last saw him alive on 5-21, 1933 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease rheumatic	July '32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

5-21-33 (Signed) Elmer Highberger Jr. M. D.

(Address) Balto. City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90670

E 90670 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-001

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St. 9-e-l Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ida Ray

(a) Residence: No. 2629 Greenmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Frank Ray

6. DATE OF BIRTH (month, day, year) 6/23/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thos. P. Angel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Amelia Cooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 26, 1933

19. UNDERTAKER Frank H. Mitchell

(Address) Pikesville, Md.

Huntington Williams, Registrar.

MAY 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1933 to 5-24, 1933

I last saw h[illegible] alive on 5/24, 1933 Death is said to have occurred on the date stated above, at 1:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Generalized Arteriosclerosis	?
Chronic Myocarditis	?

Other contributory causes of importance:

Myocardial failure	5/23/33

Name of operation No Date of

What test confirmed diagnosis? C F Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. Bruce Schaefer M. D.

(Address) 5 East Eutaw Street

OCCUPATION IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 90671

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90671

CERTIFICATE OF DEATH.

V 8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Bauernwood Ave. 27-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Ida Kraft

(a) RESIDENCE NO. 2905 Bauernwood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) Apr. 24-1931

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
2	1	~~24~~ 1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ernest Kraft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Ernest Kraft (Address)

15 [illegible] 25 1933 16 Huntington Villa, Md. Registrar

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) May 25 1933

17 I HEREBY CERTIFY, That I attended deceased from May 8 .1933. to May 25 .1933.

that I last saw her alive on May 24 .1933.

and that death occurred, on the date stated above, at 12-20 A m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted ——— If not at place of death?

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? ——

(Signed) G. M. Bacon M. D.

5/26, 1933 (Address) 2810 Taylor Ave. Hamilton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL May 27 1933

20 UNDERTAKER Rida Friedfeld — ADDRESS Ave Fremont

IMPORTANT. See instructions on back of certificates.

M. D. H. 1268-9

(Stacy)

90672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176 E 90672

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary St., 27-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie D. Stacy

(a) Residence: No. 731 Cupsdine Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wht.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene F. Stacy.

6. DATE OF BIRTH (month, day, year) Aug 11 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11 years	8 months	8 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Isaac M. Tevis

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Ella Spence

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md

17. INFORMANT Patent

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Date May 27, 33

19. UNDERTAKER Chas. F. Franck

(Address) 512 Madison Ave Baltimore, Md

Registrar.

25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to May 25, 1933

I last saw her alive on May 25, 1933. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis and Cholelithiasis	Jul 11 33
Chronic myocarditis	(?)
Other contributory causes of importance:	
Arteriosclerosis	(?)

Name of operation Cholecystotomy Date of 5-25

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard G. Cummins, M. D.

(Address) The Church Home + Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E ~~90673~~ 75 XV 154 E 90673

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Sanders

(a) Residence: No. Balnew P.O (Usual place of abode) St., Turner Station Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-16-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Paul Sanders

14. BIRTHPLACE (city or town) (State or country) S Car

MOTHER

15. MAIDEN NAME Hattie Pascey

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Pahaney Mt. Auburn Date 5/26 1933

19. UNDERTAKER Saml. M. Chase & Son (Address) 6 Mechanic Palmyra Huntington Pallagrua, Md

20. FILED 25 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933 to May 24, 1933

I last saw him alive on May 24, 1933 Death is said to have occurred on the date stated above, at 1045 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/16/33
Other contributory causes of importance:	
Dehydration	5/1/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Julius A. Washington, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90674

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90674

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospital — Registered No. 59

CITY OF BALTIMORE: (No. Balto Md St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Porter or Martha J. Dorsey Porter

(a) Residence: No. 905 Wheatcoat St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frauza —

6. DATE OF BIRTH (month, day, year): 11-24-1888

7. AGE — Years: 44 45 | Months: -6 | Days: — | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 070

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Henry Dorsey

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Margaret Bailey

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5/26, 1933

19. UNDERTAKER: Saml. M. Glover & Son

(Address) 2214 E. Gilmor

Huntington Williams, Inc. Assistant.

25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1933 to 5-24, 1933

I last saw h[illegible] alive on 5-24, 1933. Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Thrombosis Labitis	1-24-33
Septicemia	5-10-33

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

5-26-33 (Signed) Emmert Lightburn M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90675

CERTIFICATE OF DEATH

E 90675

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 Greenmount Avenue St. 10-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. O'Brien

(a) Residence: No. 726 Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James W. O'Brien

6. DATE OF BIRTH (month, day, year): Sept. 30, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
51	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

FATHER

13. NAME: John Crowley

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Katherine Farity

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. James W. O'Brien
(Address): 726 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Cem. May 26, 1933

19. UNDERTAKER: [illegible]
(Address): [illegible]

[illegible]

25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12 1933 to May 23 1933

I last saw her alive on May 22 1933. Death is said to have occurred on the date stated above, at 2 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Chr Nephritis	?
Pneumonia	May

Name of operation: Aspirat Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 11 E Hamilton

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

90676 E 90676

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Fait Ave St. 96-61 Ward) 131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Fischer

(a) Residence: No. 3300 Fait Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Fischer

6. DATE OF BIRTH (month, day, year) Sept. 14-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adam Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Zebelein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Fischer
(Address) 3300 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 26, 1933

19. UNDERTAKER Margaret J. Flynn
(Address) 1402 Druid Hill Ave Baltimore, Md.
Registrar.

25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1933, to May 23rd, 1933

last saw h[is] alive on May 23, 1933. Death is said to have occurred on the date stated above, at 6 31 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Disease	1/10/33
Other contributory causes of importance:	
Diabetes Mellitus	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Krug Baetzhold M. D.

(Address) 1340 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90677. E 90677

CERTIFICATE OF DEATH

V 125-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Albright

(a) Residence: No. 917 N Bradway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 2 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
21	21	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Burlington N.C.

FATHER

13. NAME Sydney Albright

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME annie Walker

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Minnie Walker (Address) Burlington N.C.

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro N.C. Date May 25 1933

19. UNDERTAKER Bernard Hemsley (Address) 818 Druid Hill Ave.

FILED MAY 25 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from — 19 — to — 19 —

I last saw h alive on — 19 — Death is said to have occurred on the date stated above, at 4:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy of Liver	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. P. Georgiades M. D.
Coroner

(Address) 1200 N. Patterson Park Ave.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90678

CERTIFICATE OF DEATH

XV E 90678

94-681

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 717 N. Payson St., 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Lockard

(a) Residence: No. Ferndale Anne Arundel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Dec 23-1887

7. AGE — Years 45 | Months 5 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J. Lockard

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Mary Keefe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Wm F. Shenton

(Address) 717 N. Payson

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 26th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

Huntington Williams, M.D.

25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Sept Death is said to have occurred on the date stated above, at 8

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Sudden

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address)

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90679

CERTIFICATE OF DEATH

V 54 E 90679

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 25-01 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Geraldine Falkenstein

(a) Residence: No. 338 Maryddell Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND'S~~ (or) WIFE of Frederick Falkenstein

6. DATE OF BIRTH (month, day, year) July 20th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Hardesty

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

MOTHER

15. MAIDEN NAME Laura Harwood

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

17. INFORMANT Frederick Falkenstein
(Address) 338 Maryddell Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date May 27th 1933

19. UNDERTAKER Wm Cook
(Address) 1317 St Paul St

Huntington Wallace, M.D.
C. S. H. Registrar.

MAY 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to May 24 1933

I last saw her alive on May 24 1933 Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Cerebral embolism or hemorrhage	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. W. Wallace M. D.

(Address) St. Josephs Hospital

Spec.—6-9-12—H. P. Co.—1000 Bks.

E 90680

E 90680

HEALTH DEPARTMENT—CITY OF BALTIMORE

17

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto Eye Ear & Throat Hosp

CITY OF BALTIMORE: (No.) 1214 Eutaw St. 15-01 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Love

(a) RESIDENCE No. 2124 Pulaski St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1882

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Abraham Love

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Cecelia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Benjamin Love (brother)

(Address)

15 Filed MAY 26 1933 16 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 25 1933

17

I HEREBY CERTIFY, That I attended deceased from MAY 14, 1933, to MAY 25, 1933,

that I last saw him alive on MAY 25, 1933,

and that death occurred, on the date stated above, at 7:35 P m.

The CAUSE OF DEATH* was as follows:

LETHARGIC ENCEPHALITIS

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical Signs

(Signed) Nathan Snyder, M. D.

, 19 (Address) Balto. Eye, Ear & Throat Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Assn.

DATE OF BURIAL 5/26/33

20 UNDERTAKER Jack Levin Inc

ADDRESS 1439 Balto St. E.

This is very important. See instructions on back of certificates.

M. D. B. 1268-9

90681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90681

CERTIFICATE OF DEATH

V 122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Schafer

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Schaffer

6. DATE OF BIRTH (month, day, year) Oct 1 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Tuleft

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Walter Schaffer (Address) 2239 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date May 27 1933

19. UNDERTAKER Frank Brach Son (Address) 1906 Eastern Ave

20. FILED May 29 1933 Hunter Griffith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1933, to 5-24 1933

I last saw h... alive on 5-24 1933. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cerebral Arteriosclerosis	
Other contributory causes of importance:	
Bronchopneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90682 ... E 90682

CERTIFICATE OF DEATH

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 7-01 Ward)

Length of residence in city or town where death occurred 1 yr. 0 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antone Moravitz (Moravec) (Madiera)

(a) Residence: No. 810 N. [illegible] St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Moravitz

6. DATE OF BIRTH (month, day, year) July 19, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Moravec

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Marcus

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mary Moravec

(Address) 810 N Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 29, 1933

19. UNDERTAKER Frank Groetzinger

(Address) 900 Orleans

MAY 29 1933 Washington Heights, Md.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933 to May 25, 1933

I last saw him alive on May 25, 1933 Death is said to have occurred on the date stated above, at 6.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tetanus	

Other contributory causes of importance:

Trismus

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Albert Kennedy, M. D.

(Address) St Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

90683

HEALTH DEPARTMENT—CITY OF BALTIMORE

90683

CERTIFICATE OF DEATH

23 5050

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4500 Main Ave St., 28-01 Ward)

Length of residence in city or town where death occurred 35 yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr James L. Ridgely

(a) Residence: No. 4500 Main ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ridgely Ray Ridgely

6. DATE OF BIRTH (month, day, year) June 4 1867

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	65	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentistry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Health Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Henry C Ridgely

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Mary E Jones

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Ridgely Ridgely

(Address) 4500 Main Ave

18. BURIAL, CREMATION, OR REMOVAL

Lorraine Cem Date May 26 19 33

19. UNDERTAKER John C. Metcalfe & Son

(Address) 1900 Eutaw Place

20. FILED 19 ..... for Huntington Undertaking Co.

MAY 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931 to May 22, 1933

I last saw him alive on May 22, 1933 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary tuberculosis, Diabetes Mellitus, but this was well controlled and had nothing to do with direct cause of death.

Date of onset: Nov 27, 1931

Other contributory causes of importance: Myocardial insufficiency

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, how?

(Signed) Henry C. Ridgely M. D.

(Address) 10 W. Madison St.

Rev T. F. Spence

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 90684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90684

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. ..... St., 7[illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Cecilia Stefanske

(R) Residence: No. 512 Cumberland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Leo Stefanske

6. DATE OF BIRTH (month, day, year) April 8 1908

7. AGE	25 Years	Months	Days 17	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick McGlennon

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Bridget Ronan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph Stefanske
(Address) 512 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 5-27, 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Baltimore Sts

MAY 26 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933 to May 25, 1933
I last saw her alive on May 25, 1933. Death is said to have occurred on the date stated above, at 6[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-vascular renal disease with uremia, and cardiac failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Alfred Vanderau, M. D.

(Address) 81 Wagner Ave

M. D. [illegible]-9

90685

HEALTH DEPARTMENT—CITY OF BALTIMORE

90685

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Balto City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 20-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie R. Miller

(a) Residence: No. 2718 W Fairmont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced (or) WIFE of Frederick Miller

6. DATE OF BIRTH (month, day, year) 11-25-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marcus Hook Pa.

FATHER

13. NAME Harrison Drukenbrod

14. BIRTHPLACE (city or town) (State or country) Marcus Hook Pa

MOTHER

15. MAIDEN NAME Abbey Conley

16. BIRTHPLACE (city or town) (State or country) Marcus Hook Pa

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lindenwood Cem. Date May 27 1933

19. UNDERTAKER F. S. Shipley & Son
(Address) 300 Eutaw Place

MAY 26 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1932 to 5-25 1933

I last saw her alive on 5-25 1933 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rt Breast - Carcinoma Uterus & extension to Pelvis Secondary Anemia — Date of onset 1932

Other contributary causes of importance:

Bronchopneumonia 11/24/33

Name of operation NO Date of

What last confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams M.D.

(Address) Balto City Hosp

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1768-9

E 90686

90686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 565 Baker St. 12-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marzonie Barksdale

(a) Residence: No. 109 E. Fay - 20 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Barksdale

6. DATE OF BIRTH (month, day, year) Nov 7-1913

7. AGE: Years 20 | Months 1 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Eugene Welmon

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ella Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Barksdale

(Address) 109-E-Fay

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Lookout Cemetery Date May 26 1933

19. UNDERTAKER Wentzel & Cadden

(Address) Huntington Ave

MAY 26 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

last saw h alive on May 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Rheumatic Endocarditis 2 weeks

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

M. D. B. 1268-4

E 90687

Colfer. ✓ E 90687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 97

CITY OF BALTIMORE: (No. Balto Md St. 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine M. Colfer

(a) Residence: No. 2746 Fenwick Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-1-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ? 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John —

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Cecilia —

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Records, Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 27, 1933

19. UNDERTAKER John Fellrich
(Address) 2208 Eastern Ave

20. FILED MAY 26 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24-33

22. I HEREBY CERTIFY That I attended deceased from 5-20-33 to 5-24-33

I last saw h[illegible] alive on 5-24-33 Death is said to have occurred on the date stated above, at 5 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	?
Other contributory causes of importance: Decubitus ulcer	
of back; sacrum 4-1-33	

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

5-25-33 (Signed) Elmer Highbarger M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 90688

E 90688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 N Hare st St., 6-01 Ward)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Harris

(a) Residence: No. 151 N Hare st St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Almira Harris

6. DATE OF BIRTH (month, day, year) Oct 26 th 1855

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Joiner 15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 8 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER FATHER

13. NAME William Harris

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Elizabeth Young

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mrs Anna Cook
(Address) 151 N Hare St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date May 26, 1933

19. UNDERTAKER John Ullrich
(Address) 2008 Eutaw Pl

MAY 26 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 nd, 1932 to May 22 nd, 1933

I last saw h[illegible] alive on May 22 nd, 1933 death is said to have occurred on the date stated above, at 8.05 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

acute dilatation of heart	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. J. Sankan, M. D.

(Address) 119 N. Milton Ave

E 90689

E 90689

HEALTH DEPARTMENT—CITY OF BALTIMORE

269863

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 4½ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ivory Jones

(a) Residence: No. 1410 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-10-30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rosalie Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date May 26, 1933

19. UNDERTAKER Wm. L. G. Locke
(Address) 1308 Edgewood St

MAY 26 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933 to May 23, 1933.
I last saw h[illegible] alive on May 23, 1933. Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
tuberculous meningitis	3 ds

Other contributory causes of importance:

Pulmonary tuberculosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? S. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John H. Washington M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

20330 21

HEALTH DEPARTMENT—CITY OF BALTIMORE E90690

CERTIFICATE OF DEATH

X 24

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robt Williams

(a) Residence: No. 301 N Eden St., ... Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Peters Burg Va Date May 27 1933

19. UNDERTAKER Edw Bryan & Co (Address) 1681 or 1683 Mt St

20. FILED ..... 19... by Huntington Williams Mortuary

MAY 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 1933 to May 24 1933

I last saw him alive on May 24 1933 Death is said to have occurred on the date stated above, at 1045 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	5/IV/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R Carmichael Leighman M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 90691

CERTIFICATE OF DEATH

90691

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Woodlawn Rd St. 27-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace Claggett Mc Elderry

(a) Residence: No. 212 Woodlawn Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Elizabeth Knight Mc Elderry

6. DATE OF BIRTH (month, day, year) June 20 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	67	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamaulow L. I.

FATHER

13. NAME John P. Mc Elderry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen May Cox

16. BIRTHPLACE (city or town) (State or country) L. I.

17. INFORMANT Elizabeth K. Mc Elderry (Address) 212 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 27 1933

19. UNDERTAKER Henry H. Jenkins Sons Co. (Address) Eutaw & Lanvale Sts

20. FILED May 27 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 1933 to May 25 1933

I last saw him alive on May 24 1933. Death is said to have occurred on the date stated above, at 7-01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 25 33
Other contributory causes of importance: Arterio Sclerosis (Symptoms)	7-04
Myocarditis (Auricular Fibrillation)	7-31

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lewis F. Hamburger M. D.

(Address) 1225 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

261933

M. D. B. 1268-9

90692 HEALTH DEPARTMENT—CITY OF BALTIMORE 90692

CERTIFICATE OF DEATH

Handecker ✓

117-001

1. PLACE OF DEATH Church Home Infirmary — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. North Broadway St., 29-06 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John H. Handecker

(a) Residence: No. 3120 E Fendall Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Pearl Handecker

6. DATE OF BIRTH (month, day, year) July 2nd 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 024

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Mr John Handecker

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Mary Bauernschmidt

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Hosp. Medical Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakwood Cem. Date May 26 1933

19. UNDERTAKER Philip Herbig
(Address) 2018 Eliza St.

20. FILED May 25 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th 1932 to May 23rd 1933.

I last saw him alive on May 23rd 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	5-23-33
Acute cardiac condition	5-23-33

Other **contributory causes** of importance:

Phlebitis	5-10-33
Lobar pneumonia, abscess	5-9-33
Empyema	3-29-33

Name of operation Repair, perforated [illegible] Date of Dec 11, 1932

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H. Norwood M. D.

(Address) Church Home Infirmary

E 90693 ✓ E 90693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2737 Edmondson Ave St. 70-41 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Elizabeth Burnett

(a) Residence: No. 2737 Edmondson Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Samuel R. Burnett

6. DATE OF BIRTH (month, day, year) May 10-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Joseph Hoppe.

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Elizabeth Erwin

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Samuel R. Burnett
(Address) 2737 Edmondson ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 26, 1933

19. UNDERTAKER Wm J. Tickner & Sons
(Address) North & Pa ave

MAY 26 1933

21. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25-, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15-, 1933, to May 25-, 1933

I last saw her alive on May 25-, 1933. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	5-14-33
Chronic appendicitis	May 1931
Other contributory causes of importance: Cholelithiasis	unknown

Name of operation none Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Chester Rilands, M. D.
(Address) 2532 Edmondson ave.

M. D. P. 1265-9

Freleuyer ✓ E 90694

E 90694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4606 White Ave. 26-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Clara Freleuyer

(a) Residence: No. 4606 White Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. Freleuyer

6. DATE OF BIRTH (month, day, year) Aug 26 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John C. Fussell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Taul

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Harry Brooks

(Address) 4606 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 26 1933

19. UNDERTAKER Wm J. Tuckey & Sons

(Address) North & Pa

20. FILED Huntington Williams Registrar

MAY 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 33

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to May 23 1933

I last saw h[illegible] alive on May 23 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	23 day
Other contributory causes of importance	
Cerebral Haemorrhage	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 1126 Pa Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

90695

CERTIFICATE OF DEATH

46 E 90695

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 Gough St. 26-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Di Prospero

(a) Residence: No. 3523 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Di Prospero

6. DATE OF BIRTH (month, day, year) June 18, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Angelo Di Prospero
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rocco
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anna Pietro Giacomo
(Address) 3523 Gough st

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 27 1933

19. UNDERTAKER Frank V. Capitone
(Address) 251 S. Balto st

RECEIVED MAY 26 1933 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25- 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9- 1933 to May 25- 1933

I last saw h im alive on May 25- 1933, death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932-
Bronchopneumonia	1933.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward J. Kirkhuff, M. D.

(Address) 3567 Fait Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90696

CERTIFICATE OF DEATH

E 90696

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 27-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Wheatley, Jr.

(a) Residence: No. 5820 Halwyn Ave. Govans. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of ~~XXXXXXXXXXXX~~ ~~XXXXXXXXXX~~ Eva Martha Wheatley.

6. DATE OF BIRTH (month, day, year) June 18, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	42	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

FATHER

13. NAME George W. Wheatley Sr.

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Harriet Grunstead.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Eva Martha Wheatley (wife)
(Address) 5820 Halwyn Ave. Govans.

18. BURIAL, CREMATION, OR REMOVAL
Place Westernport Date May 26, 19 33

19. UNDERTAKER George J. Smith
(Address) 1552 W. Baltimore St. Washington Williams

20. FILED MAY 26 1933, 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___ to ___, 19___

I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Other contributory causes of importance:	

Name of operation ___ Date of ___

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? Date of injury ___, 19___

Where did injury occur? (Sperify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 5820 Halwyn Ave. Govans.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupatinn of deceased?
If so, specify

Otto M. Reinhardt, M. D.
Coroner
5/26/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90697

CERTIFICATE OF DEATH

59 E 90697

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 9-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth 40 yrs. ... mos. ... da.

2. FULL NAME Dora Blaustein

(a) Residence: No. 2431 Lakeview Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Nathan Blaustein

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Kahn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mollie -------

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Rob Diubovsky (Address) 2431 Lakeview Ave

18. BURIAL, CREMATION, OR REMOVAL Place Bnai Israel Cemetery Date May 26 33

19. UNDERTAKER Jos L Johnson & Bro (Address) 1127 E Balto St

FILED MAY 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25/33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis	?
Angina	4 days
Other contributory causes of importance: Myocardial Failure	1 hr

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Carr Coroner M. D.

(Address) 508 E Fayette

M. D. H. 1268-9

E 90698 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90698

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Gwynn Falls Park Way St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Cohen

(a) Residence: No. 3312 Gwynn Falls Park Way St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Simon

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Max Balsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reva Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Ida Sass

(Address) 3312 Gwynn Falls Park Way

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Washington Rd Date May 26 1933

19. UNDERTAKER Sol Levinson & Bro.

(Address) 1124 E Balto St

MAY 26 1933 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1933, to May 25, 1933

I last saw her alive on May 23, 1933 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Bronchial Pneumonia

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Silverstein M. D.

5/26/33 (Address) 733 Lexington St.

M. D. B. 1268-B

90699

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90699

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Baltimore Md St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Willey

(a) Residence: No. 34 W. Montgomery St., 27-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2-26-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	— 2	— 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

070

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Mazellos

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary North

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem. Date 5/27/33 19

19. UNDERTAKER F. A. Krause & Son L. L.

(Address) 103 Fawcett St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24-33

22. I HEREBY CERTIFY, That I attended deceased from 5-23-33 to 5-24-33

I last saw her alive on 5-24-33 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chronic	5 1
Other contributory causes of importance: Uremia	5-22-33

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Natnre of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

5-25-33 (Signed) Elmer Hilberg M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Last statement of

Y26 1933

AaCo. 5-11 2508

90700

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90700

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 E. 33rd St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Miss Mary A. Boland

(a) Residence: No. 616 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 15 1851

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
82	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME James L. Boland

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary McMahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary E. Martin
(Address) 616 East 33rd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Date May 27 1933

19. UNDERTAKER George L. Schwalt
(Address) 2101 Frederick Ave.

20. FILED MAY 26 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to May 25 1933

I last saw h— alive on May 25 1933 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 10 mos Known

Other contributory causes of importance:

Enteritis Acute

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. L. Kryder M. D.
(Address) 1 Cathedral St

M. D. B. 1268-9

E 90701 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 2 90701

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Oak St. 17-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Ella F. Johnson

(a) Residence: No. 2204 Oak St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. H. Johnson

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Farmville Va

FATHER

13. NAME Jack Gott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Patti Andrews

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT A. H. Johnson
(Address) 2204 Oak St

18. BURIAL, CREMATION, OR REMOVAL
Place Farmville Va Date May 27th 1933

19. UNDERTAKER Thomas W. Wright
(Address) 1718 Pine Street

20. FILED MAY 26 1933 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 24, 1933.

I last saw her alive on May 24, 1933. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 22
Other contributory causes of importance: Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Edgar P. Sandrock M. D.

(Address) 1000 Cathedral

D. B. 1268-9

E 90702

E 90702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N Exeter St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Washington

(a) Residence: No. 20 N Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Washington

6. DATE OF BIRTH (month, day, year) Feb 23. 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dunbar Pennsylvania

FATHER

13. NAME Samuel Washington

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Belle Mahone

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Samuel Washington

(Address) 207 W Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 27th 1933

19. UNDERTAKER Byron Wayne W. Wright

(Address) 728 Pine Eldersley St

FILED MAY 26 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on May 4. 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

about 2½ mos

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James M Fenton . M. D.

Coroner

(Address) 700 E Chase

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90703 V 107 E 001 90703

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Patterson

(a) Residence: No. 1210 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /////4/1928

6. DATE OF BIRTH (month, day, year) July 4/1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Lawrence H. Patterson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Geneva Champton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mother

(Address) 1210 N. Bond

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem. Date 5/26/33

19. UNDERTAKER Bryant Dennis & Sons

(Address) 218 Dallas St.

19 . Registrar.

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24/33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said

I last saw h alive on

to have occurred on the date stated above, 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	?
Other contributory causes of importance: Anemia (Prob Secondary)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) John H. Cain Coroner, M. D.

(Address) 606 E. North Ave.

M. D. B. 1268-9

90704 E 90704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dennison St. 16-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Darcus Singleton

(a) Residence: No. 1215 N Strickers St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-7-32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME no Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME no Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Singleton

(Address) 1215 N. Strickers St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 26 19 33

19. UNDERTAKER [redacted]

(Address) [redacted]

20. FILED ..... 19 ..... Registrar.

20533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1933, to 5-25 1933

I last saw h[illegible] alive on 5-25 1933. Death is said to have occurred on the date stated above, at 11 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E Harris M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

B 90705 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90705

Bagley.

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH Balto city Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21 Ward 01

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Samuel Bagley

(a) Residence: No. 815 1/2 W Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): 10-16-1909

7. AGE: Years 23 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steamboat fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steamboat

10. Date deceased last worked at this occupation (month and year): 0 8 6

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Blackstone Va.

FATHER

13. NAME: Thomas Bagley

14. BIRTHPLACE (city or town) (State or country): Blackstone Va.

MOTHER

15. MAIDEN NAME: Nannie Blackstone

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date May 25, 1933

19. UNDERTAKER: Walter B Higgs

(Address) 1122 W Lombard St

20. FILED ..... 19..... Registrar

26 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1933 to 5-23, 1933

I last saw h[illegible] alive on 5-23, 1933 Death is said to have occurred on the date stated above, at 4-0 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Phlegmon	
Other contributory causes of importance: Intestinal obstruction post-operative.	

Name of operation Laparotomy Date of .....

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto city Hosp

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90706

CERTIFICATE OF DEATH.

V 159

E 90706

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3119 Critterton Place St. 13-01 Ward)

2-FULL NAME Baby Boy Ford

(a) RESIDENCE NO. 3119 Critterton Place St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
May 25, 1933

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
				12

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 000
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Tyrus Ford
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Warren, Md.
12 MAIDEN NAME OF MOTHER Catherine Thompson
13 BIRTHPLACE OF MOTHER (city or town) Texas
(State or country) Balto. Co., Md.

14 Informant Tyrus Ford
(Address) 3119 Critterton Place

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
May 26, 1933

17
I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to May 26, 1933,
that I last saw him alive on May 26, 1933,
and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:
Prematurity
7 Months

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY
(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Findings

(Signed) J. H. Pritchard, M. D.
, 19 (Address) 848 W. 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Warren Methodist Epis. M.P. Date of Burial 5-26-1933

20 UNDERTAKER [illegible] ADDRESS [illegible] Baltimore, Md.

26 1933

Be sure that all items are properly answered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks.

90707. # HEALTH DEPARTMENT—CITY OF BALTIMORE E 90707.

CERTIFICATE OF DEATH.

V X 186-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp. St. 70-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Minnie M. Jackson

(a) RESIDENCE NO. Inglewood Ave St. WARD Woodlawn Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of William C. Jackson

6 DATE OF BIRTH (month, day, and year) Oct. 20, 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Eppis Alabama

PARENTS

10 NAME OF FATHER: Calvin S. Mosher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Agusta Wight

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Miss. Mosher
(Address): Woodlawn Md.

15 26 1933 Huntington Williams, N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24/33

17 I HEREBY CERTIFY, That I attended deceased from 3-6-33, 19, to 5/24/33, 19 that I last saw her alive on 5/24/33, 19 and that death occurred, on the date stated above, at 2:15 a. m.

The CAUSE OF DEATH* was as follows:

Ac. Heart Dil. Lesion (2 months), Chronic Nephritis & hypertension (duration ?).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia 3 days

Congestion, Kidneys (duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Res. Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed B. W. Donohue M. D.

(Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: May 27 1933

20 UNDERTAKER: Martin Fahey & Sons — ADDRESS: 1827 W. North Ave

From is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 90708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90708

CERTIFICATE OF DEATH

Registered No. 1601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Orleans St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Barnes

(a) Residence: No. 1416 - Orleans St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 days	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Homer Barnes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Maudy Williams

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md Med College Date May 26, 1933

19. UNDERTAKER [redacted]
(Address)

(Date) FILED JUN 26 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933 to May 26, 1933

I last saw her alive on May 25, 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	May

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Birth injury - Spontaneous delivery

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. Alexander Lovely M. D.

(Address) 1516 Madison ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90709

CERTIFICATE OF DEATH

√ 59

E 90709

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 332 S East Ave. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME HELEN HOFFMANN.

(a) Residence: No. 332 S. East Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hoffman.

6. DATE OF BIRTH (month, day, year) August 30 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Moenius

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalena ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George Hoffmann (Husband)
(Address) 332 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date May 27, 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

28 1933

Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to May 23 1933

I last saw h alive on May 23 1933. Death is said to have occurred on the date stated above, at 2:58 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart.	
Other contributory causes of importance: Diabetes 9 yrs. Pneumonia 2 days.	

Name of operation None Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. McCleary M. D.

(Address) 3500 Boulevard

OCCUPATION is very important. See instructions on back of certificate. Exact statement of the occupation is necessary, as that is by which it is properly classified.

M. D. B. 1268-9

90710 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90710

2 72973

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 14 Ward 1

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jessie Smith

(a) Residence: No. 2035 Druid Hill St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas.

6. DATE OF BIRTH (month, day, year) 7/16/1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Charles Wilson

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lucy Johnson

16. BIRTHPLACE (city or town) (State or country) Va. Peconda.

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date May 27, 1933

19. UNDERTAKER (Address) John M. Johnson 1700 Eutaw St.

Huntington Williams, Registrar.

261933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to May 23, 1933

I last saw h. alive on May 23, 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Had hysterectomy on 5/18/33	
Intestinal obstruction	5/20(?)
Other contributory causes of importance: Peritonitis (?)	

Name of operation Hysterectomy Date of 5/18/33

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Ridgeway Trimble, M. D.

(Address) John Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

(Dannenfelser)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90711

E 90711

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 E Bethel ST. 2-O WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Dannenfelser

(a) RESIDENCE NO. 618 E Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Dannenfelser

6 DATE OF BIRTH (month, day, and year): May 15, 1864

7 AGE: Years 68 | Months 9 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Caspar Unger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Louis Dannenfelser

(Address): 618 E Bethel

15 Filed: MAY 26 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 25, 1933, that I last saw her alive on May 24, 1933, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinic

(Signed) Ernest Lasky M.D.

5-26-33 (Address) 2436 E 30th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: May 27 1933

20 UNDERTAKER: Louis J Neumann & Son

ADDRESS: 31 S Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90712

CERTIFICATE OF DEATH

E 90712

186-887

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 14-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Chappell

(a) Residence: No. 1521 Argyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura C. Chappell

6. DATE OF BIRTH (month, day, year) April 26-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Jas. Chappell

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jane C. Chappell

(Address) 1521 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/27, 1933

19. UNDERTAKER Jos. H. Thompson

(Address) 624 N. Gilmor

Huntington Williams Reg't.

Registrar.

7/26/1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Femur (R)	5/5/33
Other contributory causes of importance: Urethral Stricture	5/23/33
Uremia	

Name of operation Cystotomy Date of 5/24/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-5-1933

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fractured Femur (R)

Nature of injury Fell off of truck on

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured at work

(Signed) Eugene Feldman, M. D. Coroner

(Address) 23 E. Lexington Ave

Spec.--9-30—A. & Co.—250 Bks

E 90713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 90713

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Kreamer (Minnie May Belle Kreamer)

(a) RESIDENCE NO. 1933 Wilkens Ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Kreamer

6 DATE OF BIRTH (month, day, and year) May 10, 1875

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	-	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Thomas J. Stivers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Mary Covell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore County, Maryland

14 Informant: Mr. William J. Kreamer
(Address) 1933 Wilkens Ave.

15 Filed 5 26 1933 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24/33

17 I HEREBY CERTIFY, That I attended deceased from 5/21/33, 19 ... to 5/24 ... 1933 that I last saw h[illegible] alive on 5/24 ... 1933 and that death occurred, on the date stated above, at 6 45 a m.

The CAUSE OF DEATH* was as follows:

C. V. R. Disease
Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Aloha H. Crowther M. D.

5/24 1933 (Address) Bon Secours Hosp.

*Enter the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: May 27 1933

20 UNDERTAKER: [illegible] Cook

ADDRESS: 1003 West Baltimore St.

Be very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90714

E 90714

131

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of Poor St. 10-01 Ward)

2-FULL NAME Mary Strahler

(a) RESIDENCE NO. 12 Co Valley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: George Strahler

6 DATE OF BIRTH (month, day, and year): 12 Oct 1866

7 AGE: Years 66 | Months 7 | Days 13 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Carroll

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Sophie Sherman

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Sister Stanislaus, Sup

(Address) Little Sisters of the Poor 1200 Edmondson Ave

Filed ..... 19 Huntington Wolfe Jr MD Registrar

261933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 25 May 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1933 to May 25 1933, that I last saw h.e.r. alive on May 23 1933, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

(duration) 7 yrs. ____ mos. ____ da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ____ yrs. ____ mos. ____ da.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clin & Lab

(Signed) L. M. Parker, M. D.

5/26, 1933 (Address) 1114 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial: May 27 1933

20 UNDERTAKER: Rita Niedefeld — ADDRESS: 914 Greene Ave

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90715

CERTIFICATE OF DEATH

131 E 90715

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Belgian Ave Street 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Mary Fahey Rehm

(a) Residence: No. 800 Belgian Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

60 yrs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. M. J. Rehm

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thos. Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jos. Rehm.

(Address) 800 Belgian Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date May 29 1933

19. UNDERTAKER Rita Niedfeld

(Address) 914 Greenmount Ave

Huntington Williams, Nat

20. FILED 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apl 1931, 1932 to May 25, 1933

I last saw h[illegible] alive on May 25 1933 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chronic nephritis	"
Cerebral hemorrhage	"

Other contributory causes of importance:

Angina Pectoris	1932
Acute Cardiac dilatation	1933

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N If so, specify

(Signed) D. V. Bishop, M. D.

May 26 (Address) 521 Sheridan Ave

Fill in all items if possible. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90716

45 E 90716

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 23 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Guard

(a) Residence: No. 17 W Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 24 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles H Guard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Webster

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm H Guard Jr

(Address) 503 E Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 5/27/33

19. UNDERTAKER Wm Cook Co

(Address) 1217 E Fayette St

Registrar

MAY 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/23/33 . 19 . to 5/23/33 . 19

I last saw h[illegible] alive on 5/23/33 . 19 . Death is said to have occurred on the date stated above, at 7 00 p m.

The principal cause of death and related causes of importance were as follows:

Tumor of salivary gland — Date of onset 1900

Other contributory causes of importance:

Post operative shock

Name of operation Removal Date of 5/23/33

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Hull M. D.

(Address) University Hospital

M. D. B. 1268-9

E 90717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90717

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH Pronounced dead at 76-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital St., (Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emmet C. Hamsford

(a) Residence: No. 3516 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Hamsford

6. DATE OF BIRTH (month, day, year) About 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Anerica Parkinson

(Address) 3516 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Schwarz Date May 29th 1933

19. UNDERTAKER Wm Cook

(Address) 1267 St Paul St

Huntington Williams Reg.

20. FILED May 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on June . 19 . Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound Through Brain Self Inflicted Suicide	Sudden
Other contributory causes of importance:	
mental despondency	about 1 yr

Name of operation No Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton Coroner . M. D.

(Address) 700 E Chase

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90718 E 90718

CERTIFICATE OF DEATH

93-003

Registered No. 13-21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Callow Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie C. Goldheim

(a) Residence: No. 2218 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Goldheim

6. DATE OF BIRTH (month, day, year) Feby. 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Henry Cramer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Esther Breidenbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Leonard Goldheim
(Address) 2218 Callw Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Cem. Date May 28, 1933

19. UNDERTAKER Laird, Goldheim & Son
(Address) 1902 Eutaw Place

26 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec - 32, 19?, to May 26, 1933

I last saw her alive on May 26, 19 33 Death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	5 years
Other **contributory causes** of importance:	
Myocarditis	6 mos

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Lentz, M. D.

(Address) Temple Garden Apts.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90719

CERTIFICATE OF DEATH

49 E 90719

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth?. .....yrs. .....mos. .....ds.

2. FULL NAME Mrs. Helen K. Egan

(a) Residence: No. 1112 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James P Egan

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Casken

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Hood

(Address) 1112 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date May 27, 1933

19. UNDERTAKER Mary M Neubauer

(Address) 501 E 20th St

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to May 25, 1933

I last saw her alive on May 25, 1933 Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ovarian cyst - right	?
Shock - post - operative	5-24-33

Other contributory causes of importance:

Name of operation Salpingo-oophorectomy - R Date of 5-24-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W W Wiggenhorn M. D.

(Address) St. Josephs Hospital

M. D. B. 1268-9

90720

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90720

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 186-001

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 25-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Preston W. Killman.

(a) Residence: No. 2308 Washington Blvd. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of XXXXXXXX: Margaret E. Killman.

6. DATE OF BIRTH (month, day, year) February 3, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month, day, year): May 25, 1933

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia.

FATHER

13. NAME: John Killman.

14. BIRTHPLACE (city or town) (State or country): Virginia.

MOTHER

15. MAIDEN NAME: Corinthia Beasley.

16. BIRTHPLACE (city or town) (State or country): Virginia.

17. INFORMANT: Margaret E. Killman. (wife)
(Address): 2308 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkville Va. Date: May 27. 1933

19. UNDERTAKER: Edw. Lovelace
(Address): Woodlawn Funeral Home Huntington, W. Va.

27 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull. Fall from W. Md. R. R. Trestle while attempting to board a moving train. Accidental Death.	

Other contributory causes of importance:

Name of operation: No. Date of

What test confirmed diagnosis: Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 5/25/33 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: off W. Md. R. R. trestle

Manner of injury:

Nature of injury: Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Otto M Reinhardt Coroner, M. D.

(Address)

M. D. B. 1368-9

(Felsman)

E 90721 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90721

CERTIFICATE OF DEATH

82-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1514 E Preston St. Ward 8-01)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Felsman

(a) Residence: No. 1514 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Felsman

6. DATE OF BIRTH (month, day, year) 8/17/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Ross Felsman
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Wife
(Address) 1514 Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn, Date May 27th 1933

19. UNDERTAKER Mrs. E. A. Elliott
(Address) 1129 Harlem Ave.
Huntington Williams Co.

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933 to May 23, 1933
I last saw h— alive on May 23, 1933 Death is said to have occurred on the date stated above, at 10.2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-20-33
Other contributory causes of importance:	
Arterio-Sclerosis	unknown

Name of operation — Date of —
What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Bernard Sams M. D.
(Address) 207 N Carrollton

M. D. B. 1268-9

E 90722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 90722

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6311 Park Heights St. 27-41 Ward)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? 57 yrs. 8 mos. 5 ds.

2. FULL NAME Bertha Margaret Lurman

(a) Residence: No. 6311 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): Sept 20 1875

7. AGE — Years: 57 | Months: 8 | Days: 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: Charles A Lurman

14. BIRTHPLACE (city or town) (State or country): Hanover Germany

MOTHER

15. MAIDEN NAME: Anna Bunneke

16. BIRTHPLACE (city or town) (State or country): Hanover Germany

17. INFORMANT: Mrs Emily A Marshall sister (Address) 6311 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Green Mount Date: May 27 1933

19. UNDERTAKER: Stewart Mortuary Co. (Address) 108 W. Lexington St.

20. FILED: May 27 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 25 33. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1932 to May 25 1933

I last saw h[illegible] alive on May 23 1932 Death is said to have occurred on ~~the date stated above~~ May 25 33, at 4 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary	June 1932
Other contributory causes of importance: Ascites + bilateral pleural effusion resultant from metastases	Feb. 33

Name of operation: Bon hysterectomy Date of: July '32.

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Tilden Townsend M. D.

(Address) 12 E. Eager St. Balto

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

90723

CERTIFICATE OF DEATH

E 90723

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1139 S. Paca. St. 21-ab (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Pf Hennemann

(a) Residence: No. 1139 S Paca. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman Hennemann

6. DATE OF BIRTH (month, day, year) Aug. 1st 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John. Wagner.

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Rebecca. Knightheart

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT George Hennemann.

(Address) 1225 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5-27-1933

19. UNDERTAKER Barnard C. Harke

(Address) 1002 E Paca St

27 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24 1933 to May 25 1933

I last saw her alive on May 24 1933 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 24
Other contributory causes of importance: Cardiac Insufficiency	May 24

Name of operation no Date of .....

What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos A. Buchanan M. D.

(Address) 375 S. Stricker St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement

M. D. B. 1588-0

E 90724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90724

Registered No. 164

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. Montgomery St. St., 27-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Do not know. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Wilson.

(a) Residence: No. 13 W. Montgomery St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Department. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mrs Oliver Cem. Date May 27. 1933

19. UNDERTAKER John F. Denny
(Address) 215 Light St

Registrar. Washington Village & Appr.

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24. 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

I last saw h alive on

The principal cause of death and related causes of importance were as follows:

Illuminating gas poisoning.
Suicide.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/25/33

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner M. D.

5/25/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

(Finnegan)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90725

CERTIFICATE OF DEATH

53

E 90725

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 10-A Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Finnegan

(a) Residence: No. 1017 Warden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Catherine Finnegan

6. DATE OF BIRTH (month, day, year) Mar. 14. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Finnegan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine Finnegan

(Address) 2056 Elbank St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. May 29, 1933

19. UNDERTAKER Edgar W. Combs

(Address) 524 Eutaw St

Huntington Williams, M.D.

27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27. 1933 to May 27. 1933

I last saw him alive on May 27. 1933 Death is said to have occurred on the date stated above, at 155A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Brain	
Other contributory causes of importance: Diabetes Mellitus	

Name of operation Exploratory Laparotomy Date of 4/24/33

What test confirmed diagnosis Autopsy? there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kornfeld M. D.

(Address) St Josephs Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 90726 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 175 E 90726

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Violet Mohr

(a) Residence: No. Middle River, Balto. Co. St. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26/1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Arthur Mohr

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Ida Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Mother
(Address) Middle River ? Balto. Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Stemmers Run Date 5/29, 1933

19. UNDERTAKER Frederick Lazelnston Son
(Address) 7401 Belair Road

20. FILED [illegible] Huntington Millsville, Md.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 26/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	5/20/33

Other contributory causes of importance:

Designed abortion abouty 2 weeks
(Method unable to determine-probably instrumental)

Name of operation Date of

What test confirmed diagnosis? Autopsy Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

., Md.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hoen, M. D.

(Address) 508 E. York Ave Coroner

Instructions on back of certificate.

M. D. B. 1268-9

E 90727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90727

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3743 Keswick Rd 43-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Seward

(a) Residence: No. 3743 Keswick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Seward.

6. DATE OF BIRTH (month, day, year) Dec. 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... H. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Kochler.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louise Hild

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. James C. Seward

(Address) 3743 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date May 29, 1933

19. UNDERTAKER John A. Myers

(Address) 3000 E. Balto St.

20. FILED MAY 27 1933 19... Huntington Willkie, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 31, 1933 to May 26 1933

I last saw her alive on May 26 Death is said to have occurred on the date stated above at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulm Oedema	5/26

Other contributory causes of importance:

Chronic Myocarditis
Chronic Interstitial Nephritis
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If specify .....

(Signed) Hugh D. Sudler, M. D.

(Address) 1332 E Balto St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec. 1-30—M. & T.—250 Bks.

E 90728 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90728

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 624 W. Mulberry ST. 17-01 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Holland

(a) RESIDENCE NO. 624 W. Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ - Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John J. Holland

6 DATE OF BIRTH (month, day, and year) May 2, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	-	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER George E Jackson

11 BIRTHPLACE OF FATHER (City or town) Cambridge (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ross

13 BIRTHPLACE OF MOTHER (City or town) Cambridge (State or country) Md

14 Informant Calvin Holland

(Address) 624 W Mulberry St

Filed 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to May 24, 1933, that I last saw her alive on May 23, 1933, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Valvulitis

Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Harrell M. D.

1933 (Address) 601 W Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL May 26 1933

20 UNDERTAKER Mrs. Katie R Williams

ADDRESS 3 [illegible] Schroeder St.

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90729 90729

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 18-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Mariano

(a) Residence: No. 1039 W. Mulberry st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leon Mariano

6. DATE OF BIRTH (month, day, year) May 4, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 069

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Eastman
(State or country) Maryland

FATHER

13. NAME Tony Williams

14. BIRTHPLACE (city or town) .....
(State or country) Georgia

MOTHER

15. MAIDEN NAME Selina ?

16. BIRTHPLACE (city or town) .....
(State or country) Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 27, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3224 Sahrader st.

20. FILED ..... By ..... Registrar.

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1933 to May 24 1933

I last saw her alive on May 24 1933. Death is said to have occurred on the date stated above, at 12 mid n.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1929

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stocum M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90730 Enroute E 90730

Registered No. 1314

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Inf. St. Ward) 6-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.
10 min.

2. FULL NAME William Sommer

(a) Residence: No. Franklin Ave. East, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lillian J. (Bothell)

6. DATE OF BIRTH (month, day, year) Aug. 10 — 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	15	

OCCUPATION

8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Sommer

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Frank Sommer
(Address) Franklin Ave. East

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 27. 1933

19. UNDERTAKER Floyd E. Connelly
(Address) Easton Md.

27 MAY 1933 Huntington Williams N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

Probably uremia — Date of onset

Other contributory causes of importance:

History of Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Pace Coroner . M. D.

(Address) 108 E Hoffman

M. D. B. 1268-9

E 90731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90731

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hazel E. Basehart

(a) Residence: No. 4614 Harford Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur Basehart.

6. DATE OF BIRTH (month, day, year) May 27 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	11	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co

FATHER

13. NAME William Kenney

14. BIRTHPLACE (city or town) (State or country) Fredrick Co Md

MOTHER

15. MAIDEN NAME Clara Wolfe

16. BIRTHPLACE (city or town) (State or country) Pennsylvania Pa

17. INFORMANT Arthur Basehart (Husband)

(Address) 4614 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Memorial Park Cem. Date May 29, 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 E. Wolfe St.

Registrar.

271933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933.

22. I HEREBY CERTIFY, That I attended deceased from February 11 1933 to May 26 1933

I last saw her alive on May 26 1933 Death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Cervix	Jan 1933
Other contributory causes of importance:	
Ureteral Obstruction (Secondary)	
Anemia (Secondary)	

Name of operation Hysterectomy Date of 2-6-15, 1933

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Vernon H. Norwood, M. D.

(Address) Church Home Infirmary

M. D. B. 1268-9

E 90732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 E 90732

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S. Lehigh St. St., 26 Ward)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME HELEN B. SHANE.

(a) Residence: No. 335 S. Lehigh St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Shane.

6. DATE OF BIRTH (month, day, year) July 14 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Work. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Casper Kottman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Anna Patterson (Daughter)
(Address) 335 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date May 29 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 406 S. Wolfe St.

20. FILED May 27 1933 Huntington Pettigrew, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to May 25 1933.

I last saw her alive on May 25 1933 Death is said to have occurred on the date stated above, at 3 20p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 25
Other contributory causes of importance:	
Chronic Nephritis	Jan 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adam Dod M. D.

(Address) 4616 Eastern ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30733

CERTIFICATE OF DEATH

Registered No. E 30733

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Jackson

(a) Residence: No. 740 Bolton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widowed

5a. If married, widowed, or divorced
HUSBAND of unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	5	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joe Jackson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Snowden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5/27/33 19

19. UNDERTAKER Wm. George & Son
(Address) 1501 Druid Hill Ave

20. FILED 19 ..... Registrar.

5 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11 1933 to May 25 1933

I last saw her alive on May 25 1933 Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectal Stricture, syphilitic	1924?
Secondary anemia	

Other contributory causes of importance:

Tabes dorsalis

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. S. Trimble M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 90734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90734

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 1-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm C Blackston

(a) Residence: No. Greenville S C St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille

6. DATE OF BIRTH (month, day, year) 3/30/97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) S. C

FATHER

13. NAME Ralph

14. BIRTHPLACE (city or town) (State or country) S. C

MOTHER

15. MAIDEN NAME Esther Bragg

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville S C Date 5/27/33, 19

19. UNDERTAKER Joseph Ahrens
(Address) 221 Eutaw

20. FILED 27 1933 Thurston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to May 26, 1933.

I last saw h[illegible] alive on May 26, 1933. Death is said to have occurred on the date stated above, at [illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	11-1-32
Other contributory causes of importance:	
Operation	5-26-33

Name of operation Left Craniotomy Date of 5-26-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Rembel, M. D.
(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90735

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W. North Ave. St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ellen Byrne

(a) Residence: No. 804 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 22nd. 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James P. Byrne

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Dwyer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. James Reilly
(Address) 804 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date May 29th 1933

19. UNDERTAKER Chas. F. Sands & Son
(Address) 1 West Royal Ave

MAY 27 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1933 to May 25 1933

Last saw her alive on May 25 1933 Death is said to have occurred on the date stated above, at 4:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Myo-Cardial Insufficiency (Senile)	1 Year

Other contributory causes of importance:

Ecchymosis	
Pulmonary oedema	2 Days

Name of operation Date of

What test confirmed diagnosis? Ph. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John T. Nevin M. D.

(Address) 804 Cathedral St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1265-9

E 90736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90736

CERTIFICATE OF DEATH

97-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3527 Oakmont Ave. St. 27th Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? 14 yrs. mos. ds.

2. FULL NAME Ellesa Piersanti

(a) Residence: No. 3527 Oakmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ralph Piersanti

6. DATE OF BIRTH (month, day, year) 5-5-71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework - at Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Chas. Piersanti
(Address) 3527 Oakmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/29, 1933

19. UNDERTAKER Warren L. Lemmon
(Address) 1111 Park Heights Ave
Huntington Building

27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular Disease of Heart

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lloyd D. Mosser M. D.
Coroner

(Address) 1532 Harlem Ave

M. D. B. 1268-9

90737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 90737

1. PLACE OF DEATH

CITY OF BALTIMORE: Hilton Court Apt Hilton St. 5 Liberty Hgts Ave

Registered No. .....

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME S. Frank Head

(a) Residence: No. Hilton Court Apartments St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Ella Head

6. DATE OF BIRTH (month, day, year) March 14th 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Hooksett N. H.

FATHER

13. NAME Samuel Head

14. BIRTHPLACE (city or town) (State or country) N. H.

MOTHER

15. MAIDEN NAME Rhoda Williams

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT James F Coburn

(Address) 3307 Liberty Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Farmingham Mass Date May 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1317 St Paul St

Huntington Wellington W. Va.

27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932 to May 26 1933

last saw h in alive on May 24 1933 Death is said to have occurred on the date stated above, at 6a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Throat — Date of onset 1/1/32

Other contributory causes of importance:

Exhaustion

Name of operation ..... Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Harry Goldberg M. D.

(Address) 2210 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90738 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90738

CERTIFICATE OF DEATH X V 51

Registered No.

1. PLACE OF DEATH Md Gen. Hospital St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Bleakley

(a) Residence: No. Reisterstown Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bleakley

6. DATE OF BIRTH (month, day, year) Dec 2 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Samuel H. Bleakley

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Charles H. Bleakley

(Address) 4104 Belview Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place All Saints Date May 30 1933

19. UNDERTAKER J. F. Elmo & Sons

(Address) Reisterstown Md

20. FILED MAY 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/15/33. 19 to May 27 1933

I last saw h. alive on May 21/33. 19 Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

(a) Carcinoma, prostate

(b) Stricture, complete

(c) Cystitis, chronic

(d) Lumbago of 4yrs Past

Date of onset

Other contributory causes of importance: Bronchial Pneumonia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Cowles M. D.

(Address) Md Gen. Hospital

Instructions on back of certificate. See

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90739

E 90739

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 609 E. Randall (Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Garnett

(3) RESIDENCE NO. 609 E. Randall (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year): May 8 1867

7 AGE: Years 66 Months 0 Days 19

11 LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): (State or country) Virginia

PARENTS

10 NAME OF FATHER: John J. Garnett

11 BIRTHPLACE OF FATHER (city or town): (State or country) Virginia

12 MAIDEN NAME OF MOTHER: Willie Hacker

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Virginia

14 Informant: Miss Mary Garnett

(Address) 609 E. Randall

Filed MAY 28 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 27 1933

17 I HEREBY CERTIFY, That I attended deceased from May 26 1933, to May 27 1933, that I last saw him alive on May 26 1933, And that death occurred, on the date stated above, at 2.30A m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(Duration) ... yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Chronic Nephritis

(Duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Hawkins, M. D.

27 1933 (Address) 1 E. Randall Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery Date of Burial May 29 33

20 UNDERTAKER: Margaret V. Flynn ADDRESS 1411 Light St

M. D. B. 1268-9

90740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 E 90740

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Rankin

(a) Residence: No. 22 E. 23rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L Rankin

6. DATE OF BIRTH (month, day, year) Aug. 22, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Keen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A. MacVeigh

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bruce W. Taylor

(Address) 922 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Where Loudon Park Cemetery Date May 29 1933

19. UNDERTAKER Chas. L. Gladden

(Address) 716 W. Fourth ave

20. FILED MAY 28 1933 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933 to May 27, 1933

I last saw her alive on May 26, 1933 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-26
O.K. Cozzens M.D.	
J. J. Thomassy M.D.	
Other contributory causes of importance: Fracture Left femur	5-6-33
Reduction of fracture	5-17-33

Name of operation Reduction of fracture Date of 5-17-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Wurdeman M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of [illegible]

M. D. R. 1268-9

E 90741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90741

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Allendale Rd. 27-01 Ward)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth R. Granger

(a) Residence: No. 2117 Allendale Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of J. Milton Granger

6. DATE OF BIRTH (month, day, year) May 14 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	17	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0-3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Thomas Robinson

14. BIRTHPLACE (City or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Harlin

16. BIRTHPLACE (City or town) (State or country) Ireland

17. INFORMANT J. Milton Granger

(Address) 2117 Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 29 1933

19. UNDERTAKER Harry W. Ehlen

(Address) 1944 W. North Ave.

MAY 28 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1933 to May 26 1933

I last saw her alive on 5-26-33 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
Probably One year	
Other contributory causes of importance: Uraemic Convulsion & Coma	24hrs

Name of operation Date of

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jno. S. Fetterolf M. D.

(Address) 3400 Walbrook Ave.

M. D. B. 1168-0

E 90742

E 90742

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Buckner

(a) Residence: No. 2213 Westwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 22, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry Buckner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kate Silber

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Federal Hill Date May 29/33 19

19. UNDERTAKER Jos. Lenz Sons

(Address) 1434 E. Baltimore St

FILED MAY 28 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to May 27, 1933

I last saw her alive on May 27, 1933 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/26/33
Other contributory causes of importance:	
Paralytic Ileus	5/27/33

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward R. Bryant M. D.

(Address) Mercy Hospital

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

743

STATE OF MARYLAND—CERTIFICATE OF DEATH 90743

1. PLACE OF DEATH — Registration Dist. No. 1311

County

Village or City Balto Md. No. 15-01 St, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? 4 yrs. mos. ds.

2. FULL NAME Harris Baker.

(a) Residence: No. 1400 N. Mount St, Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Goldie

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tayloe

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Krawn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Von Krawn

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Baker - Son (Address) 1400 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 5-28, 1933

19. UNDERTAKER Jack Lewis Sons (Address) 1737 E Balto St

20. FILED 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 26, 1933 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to May 26, 1933

last saw h. alive on May 26, 1933, death is said to have occurred on the date stated above, at 2.30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	July 32
Other Contributory Causes of importance: Chronic Nephritis	2 yrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Wolfe M. D.

(Address) 1331 E North Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

M
1-8-01
✓ 210 90744

E 90744

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Sedelia Sauber

(a) Residence: No. 3924 Park Hts Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sera

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant, Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 43

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Sauber

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sera Sauber (Address) 3924 Park Hts Ave

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 5-28-33 19

19. UNDERTAKER Geo. Lenna Sons (Address) 1437 E. Baltimore St.

20. FILED 28 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 to 19

I last saw h alive on May 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Multiple Fractures — Shock — Accident — Date of onset ✓

Other contributory causes of importance: Automobile

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/26 1933

Where did injury occur? Park Hts & Shirley Aves (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2350 E Monument

M. D. B. 1268-9

E 90745 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90745

CERTIFICATE OF DEATH

V 66-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 625 Argyle St St., 5-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Cavia Borus

(a) Residence: No. 625 Argyle St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Cubus

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 5/28/33

19. UNDERTAKER Levin Funeral Inc
(Address) 1432 E. Baltimore St

20. FILED MAY 28 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27/33. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933. to May 27, 1933.

I last saw h. alive on May 27, 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hypertension~~ Toxic Myocarditis	?
Other contributory causes of importance: Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? P. E. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel P. Wolfe M. D.

(Address) 133 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-33 250M

90746 Banks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓23 E 90746

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Madison Ave 11-21 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Banks

(a) Residence: No. 1114 Madison Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Susie Banks

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Banks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mame Coates

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Susie Banks
(Address) 1114 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date May 28 1933

19. UNDERTAKER Wilton Lloyd
(Address) 416 N. Caroline St

Filed ... 19... Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May ..., 1933

I last saw h... alive on May 24 1933 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	about May 2 33
Phthisis	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jas. D. Allen M. D.

5-28-33 (Address) 1507 Linwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90747

CERTIFICATE OF DEATH

E 90747

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Park Ave. St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME C. Lillian Hindes

(a) Residence: No. 1325 Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 28. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel J. Hindes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline M. Collier

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas. H. Abrahams

(Address) Washington Aparts

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 29. 1933

19. UNDERTAKER John O. Mitchell & Sons Inc.

(Address) 1900 Eutaw Place

Filed MAY 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to May 26, 1933

I last saw h[illegible] alive on May 26, 1933. Death is said to have occurred on the date stated above, at 9:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
April 13 1933	
Other contributory causes of importance:	
Mitral Insufficiency	?

Name of operation — Date of —

What test confirmed diagnosis? Roentgen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Standish McAleer, M. D.

(Address) 1609 Linden Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

14

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90748

CERTIFICATE OF DEATH

E 90748

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4315 Underwood Road St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda E. Woods

(a) Residence: No. 4315 Underwood Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 11. 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Miller Woods

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Gertrude Nickerson

(Address) 4315 Underwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Sunbury Penna. Date May 29. 1933

19. UNDERTAKER John C. Whitehead Sons

(Address) 1900 Eutaw Place

20. FILED ..... Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to May 27, 1933.

I last saw her alive on May 16th 1933. Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis.	Dec 1932

Other contributory causes of importance

Carcinoma left breast 1931.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry McCarty, M. D.

(Address) 37 W. Preston St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1265-9

90749

HEALTH DEPARTMENT—CITY OF BALTIMORE

90749

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 455 Yale Ave. St., 20-01 Ward)

Length of residence in city or town where death occurred 43 yrs. ---mos.---ds. How long in U. S. If of foreign birth 43 yrs. ---mos.---ds.

2. FULL NAME Frances Kraemer.

(a) Residence: No. 455 Yale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: (or) WIFE of Andrew Kraemer.

6. DATE OF BIRTH (month, day, year) November 15, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Joseph Bauer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Justine R. Kraemer. (daughter)
(Address) 455 Yale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 29th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED [illegible] Huntington Indiana 5/26/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I hereby certify

(Signed) Otto M Reinhardt Coroner M. D.

(Address) 1017 E. Charles st.

M. D. B. 1268-9

E 90750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90750

V 23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Th.) St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Michael Murray

(a) Residence: No. 1636 Thames st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jemina Murray

6. DATE OF BIRTH (month, day, year) Feb. 4, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Murray

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna Welsh

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Ignes Abington Md. Date May 29th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. DATE RECEIVED MAY 28 1933 Abington Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1932, to May 26, 1933. I last saw h. im alive on May 26, 1933. Death is said to have occurred on the date stated above, at 4.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Kenneth A. Stein M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

E 90751 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90751

CERTIFICATE OF DEATH

V 58

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Edward E. Sandell (Margaret)

(a) Residence: No. 2616 N. Charles St. St., Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Edward E. Sandell.

6. DATE OF BIRTH (month, day, year) Aug. 17, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) Jan. 1933. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Robt. M. Jones

14. BIRTHPLACE (city or town) (State or country) Brecknock Pennsylvania

MOTHER

15. MAIDEN NAME Mary A. Straney

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Edw. E. Sandell

(Address) 2616 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 5/30 1933

19. UNDERTAKER Henry H. Myers & Son

(Address) 805 N. Calvert St.

20. FILED JUN 23 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-8-1933 to 5-26-1933

I last saw h, alive on 5-26-1933 Death is said to have occurred on the date stated above, at 11 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast, rt.	May 1927

Other contributory causes of importance:

Generalized Carcinomatosis	Jan. 1933

Name of operation Radical Mastectomy, Date of May 1927

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. T. Leinbrandt M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 90752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90752

V 82-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2763 W. North Avenue St. 15-01 Ward)

Length of residence in city or town where death occurred -- yrs. -- mos. -- da. How long in U. S. If of foreign birth? -- yrs. -- mon. -- da.

2. FULL NAME Marie V. Jackson

(a) Residence: No. 2763 W. North Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexander P. Jackson

6. DATE OF BIRTH (month, day, year) Feb 2 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME ------ Ward

14. BIRTHPLACE (city or town) (State or country) Not obtainable

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Miss Bettie Jackson
(Address) 2763 W. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 5/29 1933

19. UNDERTAKER Mowbray Bro. Mears and Low
(Address) 802 N. Gilmor St.

MAY 28 1933

(Date Received) 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1918 to May 26 1933

I last saw h alive on May 26 1933 Death is said to have occurred on the date stated above, at 10 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	15 yrs.
Cerebral Hemorrhage	3 hrs.

Other contributary causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19 ...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) F. R. Carnell M. D.

(Address) 2767 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90753

92-004 E 90753

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Radnor Ave. 27-04 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary K. Kiel

(a) RESIDENCE NO. 613 Radnor Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas Kiel

6 DATE OF BIRTH (month, day, and year) Sept. 29, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	69	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Brunner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Dunkler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Girard Kiel

(Address) 613 Radnor Ave

15 Filed ..... 19 Huntington Williams, M.D.

5-29-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932, to May 26, 1933, that I last saw h[illegible] alive on May 25, 1933 and that death occurred, on the date stated above, at 3.30 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(doration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Valvular heart disease over 6 months

(doration) ....yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thomas C. Blake M.D.

5-26, 1933 (Address) 1203 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 5/29 1933

20 UNDERTAKER H Broll[illegible] & Son

ADDRESS 1136 Pulaski

M. D. B. 1268-9

E 90754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Henry Okel

(a) Residence: No. 2240 Essex St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) Oct 24, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6?	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O & O

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Frederick Okel

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date May 30, 1933

19. UNDERTAKER Martin W. C. Duffy Inc

(Address) 37 Essex St.

20. FILED MAY 29 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933 to May 26, 1933

I last saw him alive on May 26, 1933 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Rt.)	3½ days
Generalized Arteriosclerosis	?

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Findings - Hemiplegia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90755 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90755

CERTIFICATE OF DEATH

V 23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2337 Montebello Ave St. 27 Ward) 1

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude B. Foster

(a) Residence: No. 2337 Montebello Ave St. " Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Foster

6. DATE OF BIRTH (month, day, year) Sept 29 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	07	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Leland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lester Foster
(Address) 2337 Montebello Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/29/33

19. UNDERTAKER Mahool Funeral Home
(Address) 1501 Druid Hill Ave

Registered by ..... Number .....

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1932 to May 26 1933

I last saw him alive on May 20 1933. Death is said to have occurred on the date stated above, at 5:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc	1932
Tbc Colitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. .....

(Signed) Abram J. McClanahan, M. D.

(Address) 3507 Fairfax

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

90756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E/90756

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Montford Ave. St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Schmidt

(a) Residence: No. 1704 N. Montford Ave. St., Ward.
(Usual place of nbode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa I. Schmidt

6. DATE OF BIRTH (month, day, year) March 23, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1 ✓	28 ✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernst Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Helfenbein

16. BIRTHPLACE (city or town) (State or country) Germant

17. INFORMANT Louisa I. Schmidt
(Address) 1704 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 29 1933

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans

20. FILED MAY 26 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933 to May 25, 1933

I last saw him alive on May 25 1933 death is said to have occurred on the date stated above, at 1250 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1 Year
Chronic Interstitial Nephritis	8 Yrs.
Arterial Hypertension	
Other contributory causes of importance: Uraemia & Cardiac Dilatation	3 Days Ago

Name of operation — Date of —

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenstaedt, M. D.
(Address) 1025 E. Madison St.

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90757

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22 N. Greene Ward.)

Registered No. 90757

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mayer

(a) Residence: No. 254 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Mayer

6. DATE OF BIRTH (month, day, year) Nov 4. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 196

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alice Mayer

(Address) 254 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date May 29 1933

19. UNDERTAKER John Ullrich

(Address) 2005 Eutaw Pl

FILED MAY 28 1933 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 26, 1933

I last saw h[illegible] alive on May 26, 1933. Death is said to have occurred on the date stated above, at 6 22 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Carbon Monoxide Poisoning	May 25 1933
Other contributory causes of importance: Bronchopneumonia	May 26

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 25, 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage

Manner of injury Inhalation Illuminating gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Savage, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90758

E 90758

CERTIFICATE OF DEATH

122-002
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital St., 8-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Paul R. Bagwell

(a) Residence: No. 2623 East Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia (Howard)

6. DATE OF BIRTH (month, day, year) 4-6-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Bagwell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary A. Connelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John W. Bagwell

(Address) 2623 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/29/33

19. UNDERTAKER Geo. J. Kuhn & Son

(Address) 16 N. Fremont Ave. Baltimore Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26-1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 1933 to May 26 1933

I last saw h[illegible] alive on May 26 1933 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Past operative adhesions + Intestinal obstruction	? 5-11-33
Other contributory causes of importance: Past operative shock	5-26-33
Enterostomy	5-21-33

Name of operation Entero-enterostomy Date of 5-26-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H W Bagwell jr M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90759 ✓ E 90759

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Balto. Md St., 8-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Knoll

(a) Residence: No. 2427 E. Oliver St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 4-5-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	-1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dash Hill Date May 29 1933

19. UNDERTAKER John C. Miller
(Address) 2465 E. Oliver St

20. FILED MAY 26 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-27 1933 to 5-25-1933

I last saw h[illegible] alive on 5-25-1933 Death is said to have occurred on the date stated above, at 11:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1
Other contributory causes of importance: None	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-25-33 Chas. Hitchcock, 2 Nk. M. D.
(Signed)
(Address) Balto City Hospitals

PLEASE WRITE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90760

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 11-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sterling Lee Bond

(a) Residence: No. ..... St., ... Ward. Laurel, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	16		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence T Bond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Audrey Raley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clarence T Bond

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Burying Ground Md Date May 29 1933

19. UNDERTAKER J. Floyd Kaiser

(Address) Laurel Md.

20. FILED MAY 28 1933 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1933 to May 27, 1933

I last saw h... alive on May 27, 1933 Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic cirrhosis	?
Splenomegaly	"
Other contributory causes of importance:	
Peritonitis	5-20-33

Name of operation Cholecystotomy Date of 5-19-33

What test confirmed diagnosis? autop Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J Dyer Mooney, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

90761 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90761

CERTIFICATE OF DEATH

90761 143

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-Q Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Street

(a) Residence: No. 120 N. Bethel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed or divorced (or) WIFE of Christopher Street

6. DATE OF BIRTH (month, day, year) 3-31-1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Geo. Adams

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Charlotte Wilson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date May 29/33

19. UNDERTAKER E. W. Wilson
(Address) 1100 Bramble Pl Mt

20. FILED ..... 19.. ..... Registrar.

MAY 26 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5/24 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-18 1933 to 5-24 1933

I last saw h[illegible] alive on 5-24 1933 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
F. Broma Uteri	4-5
4 mos. Pregnancy.	4-5

Other contributory causes of importance:

Pulmonary Embolism, Post Partum. 5-7

Name of operation Lap. Date of 4-18

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alan Bruce Schaffer M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-6

E 90762

E 90762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27034 Surg 46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert McKinney

(a) Residence: No. 1610 Thomas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Sadie (same)

6. DATE OF BIRTH (month, day, year) Aug 1 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~do~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Eleanor Sullan

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date May 29 1933

19. UNDERTAKER Wm. J. Tuckwood Sons
(Address) North & Pa

20. FILED [illegible] 1933 [illegible] Registrar.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 27 33, 19

22. I HEREBY CERTIFY, That I attended deceased from April 18 33 to May 27 1933

I last saw ~~him~~ alive on May 27, 1933 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	4-1 32
Other contributory causes of importance:	
Cardiac failure	

Name of operation Exploratory Laparotomy Date of 4

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. Richardson Smith M. D.

(Address) John Hopkins Hosp

Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

E 90763

E 90763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Edgewood St. St. 20-01 Ward)

Length of residence in city or town where death occurred 44 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Selby.

(a) Residence: No. 525 Edgewood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of XXXXXXXXXX Alice Selby.

6. DATE OF BIRTH (month, day, year) March 5, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John W. Selby.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Taylor.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Alice Selby. (wife)
(Address) 525 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date May 29, 1933

19. UNDERTAKER Wm J. Tschudy & Son
(Address) North & Pa

MAY 29 1933 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h alive on ..... 19 ... Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Sig.) Otto M. Reinhardt Coroner, M. D.

5/26/33 Address 1017 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90764 25 HEALTH DEPARTMENT—CITY OF BALTIMORE 90764

2733 25

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-05 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Sample

(a) Residence: No. 1043 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Sample

6. DATE OF BIRTH (month, day, year) 3/12/81

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Op

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town), (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town), (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 30 1933

19. UNDERTAKER Thomas E Kilgallon

(Address) 600 N Eutaw

20. FILED MAY 29 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to May 27, 1933

I last saw him alive on May 27, 1933 Death is said to have occurred on the date stated above, at 7:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver	Dec 1931 ?
Other contributary causes of importance:	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R Carmichael Leighton, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90765

CERTIFICATE OF DEATH

92-001

Registered No. 92-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Park Heights ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F. Busey

(a) Residence: No. 4501 Park Heights St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Busey

6. DATE OF BIRTH (month, day, year) June 2. 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME J. Richard Busey

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mary Busey (Address) 4501 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date May 30 1933

19. UNDERTAKER Margaret J. Flynn (Address) 1422 Light St.

20. FILED MAY 29 1933 Huntington, Indiana, May 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to May 28 1933

I last saw h alive on May 27 1933 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Pulmonary Edema	5/26/33

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Weston P. Hall M. D.

(Address) 4031 Reisterstown Rd

E 90765

OCCUPATION is very important. See instructions on back of certificate.

CAUSES OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of

Spec.—1-12,23—M&T—500 Blks.

E 90766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90766

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 2404 Brentwood Ave,

CITY OF BALTIMORE: (No. City ST. 12-01 WARD)

2-FULL NAME Alice Kinney

(a) RESIDENCE NO. 2404 Brentwood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Color.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 9 1914

7 AGE: Years 21 Months 10 Days 18 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Lee Lenton Kinney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Martha Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs R.A. Elliott

(Address) 1129 Caroline St.

15 Date: 5-29-1933 Registrar: Huntington W. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1933

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to May 27, 1933, that I last saw h- alive on May 27, 1933, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. G. Johnson, M. D.

, 19 (Address) 2329 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem.

DATE OF BURIAL: May 29. 1933

20 UNDERTAKER: Mrs. R.A. Elliott

ADDRESS 1129 Caroline St

TION is very important See instructions on back of certificates.

E 90767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90767

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Balto. Md St. 7-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. Coleman

(a) Residence: No. 505 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 10 ? 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	- ?	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Chas. Coleman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elma Coleman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ricardo Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place 710 Calvert St. Date May 29th 1933

19. UNDERTAKER Edw. Snowden
(Address) 1126 Eutaw Pl. Balto, Md.

Registrar.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-33

22. I HEREBY CERTIFY That I attended deceased from 2-11-33 to 5-26-33

I last saw him alive on 5-26-33 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease arteriosclerotic	?
arteriosclerosis general	?
Other contributory causes of importance: Hemorrhage into cerebrum - left	1923

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-26-33 (Signed) Edwin Highberger M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 90768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90768

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Kahler

(a) Residence: No. 1619 Bank st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Kahler

6. DATE OF BIRTH (month, day, year) Feb. 25, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Jacob Kahler

14. BIRTHPLACE (city or town) .....
(State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Gobel

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 5/30 1933

19. UNDERTAKER William F. Gallagher
(Address) 1618 Eastern Ave

20. FILED 1933 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933 to May 26, 1933

I last saw him alive on May 26, 1933. Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stacey M. D.

(Address) Baltimore City Hospitals

SAME CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1266-9

90769 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 90769

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH Saint Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John Jones (John Henry Jones)

(a) Residence: No. 823 Dover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Jones

6. DATE OF BIRTH (month, day, year) May 14, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~78~~	81	-	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

FATHER

13. NAME Jerry Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Ellen Metcalf

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary Stahl

(Address) 21 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date May 30 1933

19. UNDERTAKER Robert Stark

(Address) 1003 W. Baltimore St.

20. FILED MAY 29 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4 1933 to May 27 1933

I last saw h. im alive on May 27 1933 Death is said to have occurred on the date stated above, at 1.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	5-24

Other contributory causes of importance:

Generalized arteriosclerosis	
Myocarditis.	

Name of operation Herniorrhaphy Date of 4-19-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Allison M. D.

(Address) St. Agnes Hosp.

V S, 3

OCCUPATION is very important. See instructions on back of certificate.

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-0

B 90770 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 90770

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 23 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Myrtle Burnes (Everson)

(a) Residence: No. 520 S. Paca st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Burnes

6. DATE OF BIRTH (month, day, year) Nov. 21, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) New Orleans
(State or country) Louisiana

FATHER

13. NAME Albert McDonald

14. BIRTHPLACE (city or town) .....
(State or country) Louisiana

MOTHER

15. MAIDEN NAME Frances Sullivan

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 5-29-33 19

19. UNDERTAKER Chas B. Kushgueras
(Address) 632 S Paca St

20. FILED MAY 29 1933 Huntington Williams, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 1933 to May 24 1933

I last saw her alive on May 24 1933. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Steen M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 90771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 E 90771

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1435 Hanover St. ST. 23-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William G. H. Diehl.

(a) RESIDENCE NO. 1435 Hanover St. ST. WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rena M. Diehl

6 DATE OF BIRTH (month, day, and year) Oct. 25. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER John H. Diehl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Charlotte Fernau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy

14 Informant Rena M. Diehl
(Address) 1435 Hanover. St.

15 Filed MAY 29 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27' 1933

17 I HEREBY CERTIFY, That I attended deceased from May 24' 1933, to May 27' 1933, that I last saw him alive on May 26 — 1933, and that death occurred, on the date stated above, at 4-a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Senesis

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? His home

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Data

(Signed) H. Huntington Williams, M. D.

. 19 (Address) 3100 Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL May 30 1933

20 UNDERTAKER E. Schloman & Son ADDRESS 1029 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 90772

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90772

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Caton Ave. Ward) 23rd

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mr. Samuel Blakeney

(a) Residence: No. 4024 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Blakeney

6. DATE OF BIRTH (month, day, year) Aug 7, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles W. Blakeney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline E. Carr.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harriet Blakeney

(Address) 4024 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date May 30, 1933

19. UNDERTAKER Chenoweth & Son

(Address) 3615-17 Chestnut Ave.

20. FILED Huntington Williams Registrar.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1933 to 5-27, 1933

I last saw him alive on 5-27, 1933 Death is said to have occurred on the date stated above, at 12 05 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. Alfred Vanderslice M. D.

(Address) 8th. Ave Hos

V. S. 3

INSTRUCTIONS: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90773

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90773

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. Ward 14-01) 173

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm. B Jackson

(a) Residence: No. 2206 McCulloh Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1901

7. AGE: Years 32 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Waiter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: James Jackson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Wm B Jackson.

(Address) 2206 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 5/29 '33

19. UNDERTAKER: Archibald C. Redding

(Address) 2141 McCulloh St.

20. FILED MAY 29 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Homicide Hemorrhage due to gun shot of heart and lung.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? 518 W. Fremont St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Pistol Wound

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

Information should be carefully supplied. ABC should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90774

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 4-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 28 yrs. ..... mos. ..... ds.

2. FULL NAME Israel Schlachman

(a) Residence: No. 58 Market Place St., ... Ward. Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Milton Schlachman

(Address) 58 Market Place

18. BURIAL, CREMATION, OR REMOVAL

Place Henry Knue Date 5-29-33

19. UNDERTAKER Jack Krauss Jr.

(Address) 1439 E. Baltimore St.

20. DATE OF FILING 5-29-1933 Huntington Williams Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to May 28, 1933

I last saw h. alive on May 28, 1933. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Other contributory causes of importance:	
Acute Appendicitis-Ruptured	
Gall Bladder	

Name of operation Exploratory-Incision Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Hamburger M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90775

E 90775
27127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... S. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tollie Little

(a) Residence: No. 1364 N Fremont av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Horace

6. DATE OF BIRTH (month, day, year): 1-13-81

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Snowden Nicodemus

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Anderson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemtery Date May 29 1933

19. UNDERTAKER Thomas E. Kelly

(Address) 1303 Presstman St

20. FILED MAY 29 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May - 26: 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933 to May 26, 1933

I last saw her alive on May 26, 1933. Death is said to have occurred on the date stated above, at 340 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, chronic	?
Uremia	
abscess of abdominal wall	2 wks.
Ventral hernia	14 yrs?

Other contributory causes of importance:

Name of operation Drainage of abscess Date of 5-21-33

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred W Keith M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 E. North Ave St., 12-9 Ward)

Registered No. E 90776

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isidor Teneles

(a) Residence: No. 311 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 71	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Dealer

10. Date deceased last worked at this occupation (month and year) 7 yr

11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (city or town) (State or country) Prague Bohemia Austro-Hungary

FATHER

13. NAME Nathan Teneles

14. BIRTHPLACE (city or town) (State or country) Prague Austro-Hungary

MOTHER

15. MAIDEN NAME Tenbrunn

16. BIRTHPLACE (city or town) (State or country) Prague Bohemia Austro Hungary

17. INFORMANT Leopold Teneles

(Address) 311 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 31, 1933

19. UNDERTAKER Wendell & Lippelt

(Address) 300 E. Oxford St.

20. FILED 19 Washington Williams, M.D.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932 to May 28th 1933

I last saw him alive on May 28th 1933 Death is said to have occurred on the date stated above, at 1.05 p m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Myocardial degeneration	
Cardiac Hypertrophy	5 mo
Arteriosclerosis	
Chronic Nephritis	5 yr
Other contributory causes of importance:	
Pulmonary Oedema	1 dy

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. Tilles M. D.

(Address) 24 E. Berry

M. D. B. 1265-9

E 90777

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90777.

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 York Road St., 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella A. Flayhart

(a) Residence: No. 4311 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Flayhart

6. DATE OF BIRTH (month, day, year) March 9/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander G. Welsh

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Beathea S. Muirhead

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Wm. H. Flayhart
(Address) 702 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 29 19 33

19. UNDERTAKER William Cook
(Address) 1217 St Paul St Balto Md

20. FILED MAY 29 1933 Huntington Wilkinson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J. Caine M. D.
Coroner

(Address) 501 E Fayette

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 90778 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90778

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Off foot of Chesapeake Ave. (St.) Fairfield. (Ward) 25th!

Length of residence in city or town where death occurred 20 yrs. 1 mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Mitchell.(C)

(a) Residence: No. 3313 Vera St. (St.) Fairfield. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 13, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. 40 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Mitchell.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Matilda Green.(C)

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Matilda Mitchell.(C) mother.
(Address) 3313 Vera St. Fairfield.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date May 29, 1933

19. UNDERTAKER Robt. E. Williams
(Address) 1515 McElderry St.

Huntington Williams, Reg.
Registrar.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ---------- 19 to ---------- 19

I last saw h alive on ---------- 19 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	
while fishing.	
Fell from a wharf.	

Other contributory causes of importance:

Name of operation ---------- Date of ----------

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury May 25, 1933

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell from a wharf.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt, M. D.
Coroner

5/27/33 (Address) 1017 E. Charles St.

NOTICE—Undertakers are required by law to report to the Registrar of Vital Statistics, Baltimore City, all deaths which occur in their charge. All physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90779

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90779

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH — Lucy Jackson

CITY OF BALTIMORE: (No. 1606 Abbott St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Lucy Jackson

(a) Residence: No. 1606 Abbott St. St., ... Ward. Nall Co. N.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Henry

6. DATE OF BIRTH (month, day, year) — 10-17 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	- 1	- 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year) — —

11. Total time (years) spent in this occupation — 0 37

12. BIRTHPLACE (city or town) (State or country) — Tires, N. C.

FATHER

13. NAME — Henderson Terry

14. BIRTHPLACE (city or town) (State or country) — Tires, N. C.

MOTHER

15. MAIDEN NAME — Anna ?

16. BIRTHPLACE (city or town) (State or country) — Tires, N.C.

17. INFORMANT — Records, Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place Tillery N.C. Date May 29, 1933

19. UNDERTAKER — Robt. T. Williams

(Address) 1515 N. Eldorey St

(Signature) Huntington Williams

MAY 29 1933

AT C.O.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 5-24-33

22. I HEREBY CERTIFY, That I attended deceased from 4-5-33 to 5-24-33

I last saw h[illegible] alive on 5-24-33 Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	4-2-33

Other contributory causes of importance: None

Name of operation — No — Date of —

What test confirmed diagnosis? — Clinical — Was there an autopsy? — No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — No — If so, specify

5-25-33 (Signed) Elmer Highberger, Jr. M. D.

(Address) Balto. City Hospitals.

INSTRUCTIONS: WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90780 ✓ E 90780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 77-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Jane Young.

(a) Residence: No. Home for the Aged of the M. E. Church St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Febry 18-1846 ~~May 27-33~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	3.	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Morgan A Mills

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Esther Roger

16. BIRTHPLACE (city or town) Harford Co (State or country) Maryland

17. INFORMANT Ethel Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 29 1933

19. UNDERTAKER George D Smith

(Address) 1532 Hollins St

20. MAY 29 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13. 1931 to May 27. 1933

last saw her alive on May 26. 1933. Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2
Other contributory causes of importance: Arterio Sclerosis.	7

Name of operation No Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether ~~injury~~ death occurred in industry, in home, or in public place In The Methodist Home

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. C. Crummer M. D.

(Address) 700 Eutaw Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 90781 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-E 90781

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for aged · 2220 Registered No.

CITY OF BALTIMORE: (No. Levindale St., 27 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cohen Shaime Baile Jennie

(a) Residence: No. Levindale St., Jennie Shaime Baile Cohen Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Wid.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Cohen

6. DATE OF BIRTH (month, day, year): 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isaac Cohen

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Minnie Unknown

16. BIRTHPLACE (City or town) (State or country): Russia

17. INFORMANT: Mrs. Weynberg

(Address) 3239 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodeph Shalom Cem. Date May 29, 1933

19. UNDERTAKER: L. Ferguson Bro

(Address) 112 E. Baltimore St.

MAY 29 1933 Registrar, Livingston Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-31-, 1930 to 5-28, 1933

I last saw h alive on 5-28, 1933 Death is said to have occurred on the date stated above, at 830 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease	
Hypertension	
Arteris-sclerosis	
Myocarditis	
Other contributory causes of importance: Chr. Bronchitis & Emphysema	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90782

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Grundy St. 26-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Savannah M. Nace

(a) Residence: No. 715 S. Grundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Nace

6. DATE OF BIRTH (month, day, year) May 18, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	----	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silver Run Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Sarah Ohlinger

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs Clara Engnoth

(Address) 3131 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date May 29, 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

Huntington Williams, M.D.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 - 1933 to May 26 1933

I last saw h alive on May 26 1933 Death is said to have occurred on the date stated above, at 12-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Aortic Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Heart Sounds Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Mohr M. D.

(Address) 301 S. Ellwood Ave

M. D. B. 1268-9.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90783

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 418 Newkirk St. 26-01 (Ward)

Length of residence in city or town where death occurred 29 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Keusch

(a) Residence: No. 418 Newkirk St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto Keusch

6. DATE OF BIRTH (month, day, year) Jan. 19 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Sherman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Kirschman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Otto Keusch
(Address) 418 Newkirk St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 30, 1933

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED ... 19... Huntington Williams, M.D.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, to May 26, 1933.

I last saw h[illegible] alive on May 26, 1933. Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. K. McQuiston, M. D.

(Address) 2936 E. Balto

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90784

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Home Ward) 161-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Hensley

(a) Residence: No. St. Vincents Infant Home St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William T. Hensley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Jul M Ladues

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT William T. Hensley
(Address) 3801 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date May 29 1933

19. UNDERTAKER Mayer Fox Funeral Home
(Address) 1827 W. North Ave

20. FILED ..... 19..... (Registry) .....

MAY 29 1933

Huntington Hospital, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28 1933 to May 28 1933

I last saw h[illegible] alive on May 28th 1933 Death is said to have occurred on the date stated above, at 2:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Meconium (Stillborn)	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Routine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Ebert E. Kerby M. D.

(Address) 2245 Linden Ave Baltimore

IF YOU CANNOT FILL IN THIS CERTIFICATE, WITH CAREFUL ATTENTION, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250R

E 90785 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90785

53

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Bulls General Hosp St., 24-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter E. Hart

(a) Residence: No. 1019 Riverside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora I. Hart

6. DATE OF BIRTH (month, day, year) July 5 1878

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	54 55	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander W. Hart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia M. Rutter

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Cora I. Hart
(Address) 1019 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 29 1933

19. UNDERTAKER John F. Denny
(Address) 715 Light St

MAY 29 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-13 1933 to 5-26 1933

I last saw him alive on 5-26 1933 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma (Mixed cell) of left Inguinal region	?

Other contributory causes of importance:

Bronchopneumonia

Name of operation Biopsy Date of 5-14-33

What test confirmed diagnosis? Microscopic Study

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Ruter, M. D.

(Address) 1113 Eight Street

Information should be carefully supplied. Avoid abbreviations. State exactly. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90786 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90786

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Randolph Miller

(a) Residence: No. Clifton Ave & Payson St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Nov. 20, 857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6 5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edw F. Miller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary De Vere

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date May 29, 33

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED MAY 29 1933 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to May 28, 1933

Last saw him alive on May 28, 1933 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Arteriosclerotic Heart Dis.	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry F Dowling M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90787 HEALTH DEPARTMENT—CITY OF BALTIMORE E90787.

2733 V 123

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 9-01 St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edmond Yanchesaki

(a) Residence: No. 240 S. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-30-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Yanchesaki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME agnes Buzzie

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date May 30 th 1933

19. UNDERTAKER George A Weber
(Address) 705 S Ann St

20. FILED 19 [illegible] Registrar.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933 to May 28, 1933

I last saw him alive on May 28, 1933. Death is said to have occurred on the date stated above, at 6 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Meckles diverticulum	5-23-33
Generalized peritonitis	5-23-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) John L. Wanbaugh M. D.

(Address) Johns Hopkins Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

Lassiter

E 90788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90788

CERTIFICATE OF DEATH

V 139-002

1. PLACE OF DEATH Ansonia Hosp

CITY OF BALTIMORE: (No. 643 W Mulberry St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonia Lassiter

(a) Residence: No. 643 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lassiter

6. DATE OF BIRTH (month, day, year) Sept 10 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39 40	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilson N. C.

FATHER

13. NAME Isaac penter

14. BIRTHPLACE (city or town) (State or country) Wilson NC

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Wilson N C

17. INFORMANT Henry Lassiter

(Address) 643 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Wilson NC Date May 31, 193[illegible]

19. UNDERTAKER Joseph A Jordan

(Address) 641 E Mount St

20. FILED 19 [illegible] Registrar

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-33 19

22. I HEREBY CERTIFY, That I attended deceased from 5-20 19 33 to 5-25 19 33

I last saw h[illegible] alive on 5-25 19 33 Death is said to have occurred on the date stated above, at 8 1[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5-23-33

over

Other contributory causes of importance:

Generalized Contractio	5-23-33
Pelvic Abscess	

Name of operation Post Colpotomy Date of 5-22-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90789 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90789

CERTIFICATE OF DEATH V108

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Gilmor St. St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Edwards, Jr. (C)

(a) Residence: No. 400 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) October 5, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Edwards Sr. (C)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Elsie Green. (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mary Tilghman. (C) grandmother.
(Address) 1606 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 5/29 19 33

19. UNDERTAKER Walter B. Sanders
(Address) 139 W. Hamilton St.

20. FILED MAY 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Other contributory causes of importance	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner . M. D.

5/27/28 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 90790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90790

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hosp St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 71 yrs. 7 mos. 2 ds.

2. FULL NAME Ida Virginia Taylor

(a) Residence: No. 3309 Walbrook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Taylor.

6. DATE OF BIRTH (month, day, year) October 25 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmont Maryland

FATHER

13. NAME Samuel Wamer

14. BIRTHPLACE (city or town) (State or country) ? ? Maryland.

MOTHER

15. MAIDEN NAME Sarah E. Mannington

16. BIRTHPLACE (city or town) (State or country) ? ? Maryland

17. INFORMANT Mrs. Clarence B. Taylor

(Address) Hopkins Hosp. City

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 30 33

19. UNDERTAKER Stewart Funeral Home

(Address) Baltimore Md.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 27, 1933

I last saw her alive on May 27, 1933 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema Gall Bladder	✓

Other contributory causes of importance:

myocarditis Renal Arterio Sclerosis	✓ ✓

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓, 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Fulton M. D.

(Address) 1219 Poplar Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 90791 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90791

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Stitt (STITH)

(a) Residence: No. 5303 Falls Rd (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Curtis Stitt

6. DATE OF BIRTH (month, day, year) June 6, 1886 c

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Illinois

FATHER

13. NAME Edward Solomon

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Laura Clinton

16. BIRTHPLACE (city or town) (State or country) Springfield Illinois

17. INFORMANT Husband (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 31 . 1933

19. UNDERTAKER Henry W. Eppinger & Sons McCulloh & Richardson (Address)

20. FILED . 19 Registrar.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 . 1933

22. I HEREBY CERTIFY, That I attended deceased from February 16 1933. to May 28 . 1933

I last saw h alive on May 26 . 1933 Death is said to have occurred on the date stated above, at 9:27 p.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
(3)	Bronchopneumonia	2 days ago
(4)	Tuberculosis of lungs	5 yrs ago
(2)	Addison's disease	about 1 yr ago
(1)	Miliary Tbc	1 mo ago

Other contributory causes of importance:

Name of operation Excision of left hip joint Date of 2-27-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90792 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90792

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4814 Keswick Rd Ward) 27 581

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLOTTE Gittings LINASAY

(a) Residence: No. 4814 KESWICK Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WIDOW JAMES EARLY LINASAY

6. DATE OF BIRTH (month, day, year) OCT 25 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UPPER FALLS BALTO CO MD

FATHER

13. NAME DAVID STERETT GITTINGS

14. BIRTHPLACE (city or town) (State or country) BALTO CO MD

MOTHER

15. MAIDEN NAME JULIANNA WEST HOWARD CHARLOTTE ELIZABETH GITTINGS

16. BIRTHPLACE (city or town) (State or country) BALTO CO MD

17. INFORMANT PETER P BLANCHARD

(Address) 4814 KESWICK RD

18. BURIAL, CREMATION, OR REMOVAL

Place KINESVILLE MD Date 5-30-33

19. UNDERTAKER H. W. TENKINS SR "SONCA"

(Address) Orchard & Belvidere

MAY 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20th 1933 to May 28th 1933

that I last saw her alive on May 28th 1933. Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 26 33
Other contributory causes of importance:	
Arteriosclerosis Hypertension	

Name of operation None Date of

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Calvert M. D.

(Address) 1303 E Calvert St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90792

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. East Baltimore & Fleet St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Md Date May 29, 1933

19. UNDERTAKER
(Address)

20. FILED [illegible] 19[illegible] [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Fell Down a Flight of Stairs — Date of onset 1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90794

CERTIFICATE OF DEATH

159E 90794

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Lambdin

(a) Residence: No. 1140 Dexter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 14, 1933.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
14 days		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Chas Edw Lambdin
14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Emma Metzger
16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 29, 1933

19. UNDERTAKER
(Address)

20. FILED ... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933 to May 27, 1933
I last saw her alive on May 27th, 1933 Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo.)	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
no If so, specify ...

(Signed) J. Dixon Mooree, M. D.
(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90295 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90795

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Althoff

(a) Residence: No. 2825 Huntington Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) V-26-33

7. AGE Years	Months	Days	If LESS than 1 day, 10 hrs. or V min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Francis Althoff

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Estelle Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date May 29, 1933

19. UNDERTAKER [illegible]

(Address) Huntington Funeral Home

20. FILED MAY 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) V-27-1933

22. I HEREBY CERTIFY, That I attended deceased from V-26-33, 19 ... to V-27-33, 19 ...

I last saw him alive on V-27-33, 19 ... Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Separation of Placenta	V-26
Other contributory causes of importance: Prematurity Premature delivery Caesarean	V-26

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Louis K. Wagner M. D.

(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 90788 E 90796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51

Registered No. 29701

1. PLACE OF DEATH Good Shepherd General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., Ward.) How long in U. S. If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME Lee Hutchins

(a) Residence: No. 3288 S. Eutaw St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Hutchins

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lee Hutchins

(Address) 3288 S. Eutaw

18. BURIAL, CREMATION, OR REMOVAL Date May 29, 1933

Place Mt. Auburn Cem.

19. UNDERTAKER Huntington Williams

(Address)

20. FILED MAY 29 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1933

22. I HEREBY CERTIFY, That I attended deceased from April 22 1933, to May 26— 1933

I last saw him alive on 5-26— 1933. Death is said to have occurred on the date stated above, at 3:30 am

The principal cause of death and related causes of importance were as follows:

Carcinoma of urinary Bladder

Date of onset

Other contributory causes of importance: Ruptured Bladder due to a fall

Date of

Name of operation Cystoscopy Was there an autopsy? No

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. R. Boykin, M. D.

(Address) 1512 Gilmor

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90797

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90797.

CERTIFICATE OF DEATH

V 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 84 SW. Fairmount Ave (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Walker

(a) Residence: No. 84 SW. Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Walker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date May 29, 19 33

19. UNDERTAKER .....
(Address)

MAY 29 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Eugene Feller Coroner M. D.

(Address) 129 Eastern Ave

M. D. B. 1268-9

90798 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E90798

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Perkins

(a) Residence: No. 1862 Robert St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel Perkins

6. DATE OF BIRTH (month, day, year) 4/21/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Post Va.

FATHER

13. NAME George Atkins

14. BIRTHPLACE (city or town) (State or country) White Post Va.

MOTHER

15. MAIDEN NAME Molly Fuller

16. BIRTHPLACE (city or town) (State or country) Boyce Va.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date May 29, 1933

19. UNDERTAKER [redacted]

(Address) [redacted]

[redacted] 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1933, to 5/22, 1933

I last saw her alive on 5/22, 1933. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of head of Pancreas — Date of onset ?

Other contributory causes of importance:

Bronchopneumonia — 1 day

Name of operation Exploratory Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Bruce Schaeffer M. D.

(Address) Baltimore City Hosp.

MAY 29 1933

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a.

E 90799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90799

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St., 7-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bennett

(a) Residence: No. 1021 Lamont Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. ~~White or Black~~ Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	~~Colored~~	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 22 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis —

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Katie Walley

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date May 30. 1933

19. UNDERTAKER Henry Lantz
(Address) 1202 Edmondson Ave Huntington Village, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-22 1933 to 5-27 1933

I last saw him alive on 5-27 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?
Myocardial insufficiency congestive	5-1-33

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-28-33 (Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospitals.

MAY 29 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90800

90800 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3104 Fait Ave St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dixon Francis

(a) Residence: No. 3104 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. Francis

6. DATE OF BIRTH (month, day, year) July 10. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Pump Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month or year) Remained

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Balto Co.

FATHER

13. NAME Charles Francis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah N. Tandy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Julia A. Francis
(Address) 3104 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date May. 30th 1933

19. UNDERTAKER Mrs Mrs. John W. Riefel's Son
(Address) 801 W. Lafayette Ave Baltimore, Md.

20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to May 27, 1933

I last saw him alive on May 27, 1933 Death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	?
Cerebrovascular	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Riefelschneider M. D.

(Address) 2937 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 29 1933

M. D. B. 1268-9

E 90801 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 90801

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5407 Elsrode Ave. St. 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Agnes Mack

(a) Residence: No. 5407 Elsrode Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick G.Mack

6. DATE OF BIRTH (month, day, year) Sept. 1, 1873.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Phillip Brenneis

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Bormuth

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Frederick G. Mack

(Address) 5407 Elsrode Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date May 30, 1933

19. UNDERTAKER George W. Ruth Inc

(Address) 225 [illegible]

ID [illegible] Registrar.

MAY 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 19 to 5/27/33 19

last saw h alive on 5/27 19 33 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset

Other contributory causes of importance: Cardiac Decompensation

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N If so, specify

(Signed) [illegible] M. D.

(Address) 5103 Hartford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90802 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131 E 90802

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen Hospt St., 11-21 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maude R. Workman

(a) Residence: No. Laurel, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ E. N. Workman

6. DATE OF BIRTH (month, day, year) July 2, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... Own home

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Pottstown Pa

FATHER

13. NAME Warren Herman

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Clara Schaefer

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hospital Record
(Address) Md. Gen. Hospt.

18. BURIAL, CREMATION, OR REMOVAL. Pottsville, Pa.
Place Westwood Cem. Date June 2, 1933

19. UNDERTAKER Elliott Broadbent
(Address) Laurel, Md.

Filed JUN 1 1933 Washington Funeral Home, Inc.
Registrar.

Y 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933 to May 29, 1933

I last saw her alive on May 27, 1933 Death is said to have occurred on the date stated above, at 8:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	1915?
Other contributory causes of importance: acute uremia, acute myocardial failure	5/23

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. Lauer M. D.

(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90803

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90803

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Park Ave St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 64 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eveline Rieman Early

(a) Residence: No. 711 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 5-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John D. Early

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Maude G. Rieman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John D. Early
(Address) 3721 Riverside Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 5-30-1933

19. UNDERTAKER Henry W. Jenkins Son Co
(Address) Orchard & McCulloh
Huntington Millinery Ave.

Y 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/2 1932 to May 28 1933.

I last saw her alive on May 28 1933 Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach and liver	
Other contributory causes of importance:	
Cachexia	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Julius Friedman M. D.

(Address) 10 E Chase St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90804

CERTIFICATE OF DEATH

E 90804

93-007

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1615 Darley Ave St. 8-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Josephina A. Amelang

(a) Residence: No. 1615 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles A. Amelang

6. DATE OF BIRTH (month, day, year) May 28, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Beziat

14. BIRTHPLACE (city or town) (State or country) Phila., Pa

MOTHER

15. MAIDEN NAME Josephine Gousha

16. BIRTHPLACE (city or town) (State or country) Phila,, Pa.

17. INFORMANT Charles A. Amelang

(Address) 1614½ Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date May 30, 1933

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave

Filed ___, 19___ Registrar

Y 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Duration

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

21. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) J. J. Pullen Coroner, M. D.

(Address) 508 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

(Gemundt)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90805

E 90805

CERTIFICATE OF DEATH.

92-001 REGISTERED NO.

1-PLACE OF DEATH Little Sisters of the Poor

City of BALTIMORE: (No. 1200 Valley St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Gemundt

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6 Sept. 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 09

(b) General nature of industry, business, or establishment in which employed (or employer): Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Gemundt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bavaria, Germany

12 MAIDEN NAME OF MOTHER Stenger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Hanover Pa

14 Informant Sister Stanislaus, Sup.

(Address) 1200 Valley St City

Huntington Williams M.D.
Registrar

Y 29 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 26 May 1933

17 I HEREBY CERTIFY, That I attended deceased from Mch 17 1933 to May 26 1933,

that I last saw him alive on May 26 1933,

and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys.

(Signed) L. Wm Parker, M. D.

5/29, 1933 (Address) 1114 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: May 31st 1933

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St. Paul St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90806

CERTIFICATE OF DEATH

91-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Chateau Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edwin Fenby Webster

(a) Residence: No. 528 Winston Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret T. Webster

6. DATE OF BIRTH (month, day, year) Nov 23/1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F.& G.?

10. Date deceased last worked at this occupation (month and year) May 1933 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (City or town) (State or country) Baltimore, Md.

FATHER

13. NAME Archie I. Webster

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie I. Deppesh

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Margaret T. Webster 528 Winston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 31st 1933

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

Filed Huntington Williams, Registrar.

Y 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Post Scarlatinal Endocarditis ?yrs
Scarletinal
Valvular Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.
Coroner

(Address)

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90807 E 90807

CERTIFICATE OF DEATH

107-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene L. Lewis

(a) Residence: No. 2912 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Patrick O Lewis

6. DATE OF BIRTH (month, day, year) June 30 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John H Coles

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louisa Harding

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edward E. Coles Jr

(Address) 4618 Schenley Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 31. 1933

19. UNDERTAKER John O Sinclair & Son

(Address) 1324 Eutaw Pl

Huntington Pittsburgh, Pa

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1933 to May 28, 1933

I last saw h alive on May 28, 1933 Death is said to have occurred on the date stated above, at 145 Pm.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Terminal — Date of onset

Other contributory causes of importance: Generalized Arteriosclerosis Chronic Arthritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kornreich, M. D.

(Address) St Josephs Hosp

JUL 29 1933

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90808

XV 53

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman George

(a) Residence: No. Easton, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bernie George

6. DATE OF BIRTH (month, day, year) Nov. 16/82

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eston Md.

FATHER

13. NAME Sabie George

14. BIRTHPLACE (city or town) (State or country) Dorchester County

MOTHER

15. MAIDEN NAME Mary Hankins

16. BIRTHPLACE (city or town) (State or country) Easton Md.

17. INFORMANT Bernie George

(Address) 1304 N. Montpelier Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Easton Md. Date May 30. 1933

19. UNDERTAKER Frank A. Polk

(Address) 910 N. Eager St

20. FILED ..... 19 ..... [illegible] Registrar.

MAY 30 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24. 1933. to May 29. 1933.

I last saw him alive on May 29. 1933. Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Craniotomy	5/29/33
Other contributory causes of importance: Brain tumor	?

Name of operation Craniotomy Date of 5/29/33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Andrew M. Frame M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90809

HEALTH DEPARTMENT—CITY OF BALTIMORE 90809

CERTIFICATE OF DEATH

V 54-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman's Hospital
CITY OF BALTIMORE: (No. ..... St. 27-21 Ward)

Length of residence in city or town where death occurred late mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Catherine~~ Amelia Walterhoefer

(a) Residence: No. 5002 Beaufort Ave E., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of George Walterhoefer

6. DATE OF BIRTH (month, day, year) Sept 23, 1890

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
42	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benjamin Bradley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary McKenna

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Geo. Walterhoefer
(Address) 5002 Beaufort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date June 1, 1933

19. UNDERTAKER J. Vernon Keehner
(Address) 532 Hollins Huntingdon Williams, N.Y.

20. FILED MAY 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 1933 to May 29, 1933
I last saw her alive on May 29, 1933. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic nephritis	5/25/33
Acute peritonitis	5/20/33

Other contributory causes of importance:

Degenerated fibroids Uterus	1 year
	4 mos

Name of operation Hysterectomy Date of 5/20/33

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion P. Johnson M. D.
(Address) Woman's Hospital

THE CAUSE OF DEATH in plain terms so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-11 2508

E 90810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90810

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Brune street St. 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wesley Rollins Jr.

(a) Residence: No. 716 Brune strret St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bessie Rollins — Divorced

6. DATE OF BIRTH (month, day, year): March 17-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Const

10. Date deceased last worked at this occupation (month and year): Aug. 1933

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Harford Co., Md.

FATHER

13. NAME: John Wesley Rollins

14. BIRTHPLACE (city or town) (State or country): Harford Co, Md.

MOTHER

15. MAIDEN NAME: Sarah Jane Gilbert

16. BIRTHPLACE (city or town) (State or country): Harford Co Md.

17. INFORMANT (Address): Julia E. Redd (Sister) 716 Brune st

18. BURIAL, CREMATION, OR REMOVAL: Pleasant Rest Date May 30 1933

19. UNDERTAKER (Address): Ernest G. Keyser 518 Lanvale st

20. FILED: Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27th. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st 1933 to May 27th. 1933

I last saw him alive on 5-27-'33 19 ... death is said to have occurred on the date stated above, at 4:05p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	3-1-33
Uremia	5-24-1933

Other contributory causes of importance:

Name of operation ... Date of ...

Was there an autopsy? ... Physical Exam. ... at last confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter J. Jackson M. D.
(Address) 1631 W. Franklin st.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 90811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90811

CERTIFICATE OF DEATH

X 97 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5816 Halwyn St. 27-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie S. Stevens

(a) Residence: No. 5816 Halwyn St., ... Ward. Forestburg Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	? 0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Stevens

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza Hickey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Ruth Rankin

(Address) 5816 Halwyn

18. BURIAL, CREMATION, OR REMOVAL

Place Frostburg Md Date June 1, 1933

19. UNDERTAKER Wm J. Tickey & Son

(Address) Mouth of Pa

MAY 30 1933 ... 19 ... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 32 1933

22. I HEREBY CERTIFY that I attended deceased from March 20 33 to May 30 32 1933

I last saw him alive on May 29 32, 1933 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1/1/33

Other contributory causes of importance:

Cerebral Anemia	3/10/33

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ... M. D.

(Signed) 707 E 25 St

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

90812 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90812

133.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ft. Balto Gen Hospital St., 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ferdinand H. Bockeringer (Bockeringer)

(a) Residence: No. 2210 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 10, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Market

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alfred Ward
(Address) 2210 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date May 30, 1933

19. UNDERTAKER Wm Tucker & Sons
(Address) North & Paca

MAY 30 1933

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/11, 1933 to 5/27, 1933

I last saw him alive on 5/27, 1933 death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4/25/33
Other contributory causes of importance:	
Uremia	5/26/33
Bronchopneumonia	4-
Injured left foot	4/10/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugo Tuller M. D.

(Address) Ft Balto General Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

E 90813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90813

CERTIFICATE OF DEATH

V 71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2826 Kentucky ave (Ward) 7

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Monica Janisch

(a) Residence: No. 2826 Kentucky ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Janisch

6. DATE OF BIRTH (month, day, year) May 9 1882

7. AGE: Years 51 | Months | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Eugen Janisch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Janisch

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Charles Janisch

(Address) 2826 Kentucky ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Sepulchre Date June 1 1933

19. UNDERTAKER Jos. J. Sterr & Son

(Address) 3001 Kentucky ave

20. FILED MAY 30 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1933, to May 29th, 1933

I last saw her alive on May 21st, 1933, death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pernicious Anemia	2
Other contributory causes of importance:	
Asthma	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. McCusker, M. D.

(Address) 114 Hamilton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90814

V 59

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilfred Cosnell

(a) Residence: No. 1922 Wilkens Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Addie B. Cosnell (Cres

6. DATE OF BIRTH (month, day, year) Oct. 19, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Stores Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) 0 13

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Moses D. Cosnell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Roxana Carey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wilfred D. Cosnell, Jr.

(Address) 1922 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 5/30/33, 19

19. UNDERTAKER Francis J. Quirk

(Address) 4101 Eastern Ave.

MAY 30 1933 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/33, 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to May 28, 1933.

I last saw h... alive on May 28, 1933. Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Cerebral Hemorrhage.	May 25
2) Arteriosclerosis	
3) Diabetes Mellitus	1928
Other contributory causes of importance: Myocardial Failure	May 27

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milford H. Sprecher, M. D.

(Address) University Hospital

CAUSES OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 90815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90815

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 8401 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Jaroslov J. Rokos (Katie Rokos)

(a) Residence: No. 2408 Mayfield Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jaroslov J. Rokos

6. DATE OF BIRTH (month, day, year) June 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslavakia

FATHER

13. NAME Joseph Horak

14. BIRTHPLACE (city or town) (State or country) Czechoslavakia

MOTHER

15. MAIDEN NAME Anna Kudrina

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Mr. J. Rokos

(Address) 2408 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date 6/1/33 19..

19. UNDERTAKER Harry A. Kuntzel

(Address) 4101 Edmondson Ave.

20. FILED MAY 30 1933 19.. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27 1933 to May 29 1933

I last saw h.. alive on May 29 1933 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis	1913
Other contributory causes of importance: Cardiac failure - post operative	
(Removal of Gall Bladder)	

Name of operation Cholecystectomy Date of 5/24/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Blumberg M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-9

E 90816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90816

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 S. Conkling St. St., 26 Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ALEXANDER ALBRECHT.

(a) Residence: No. 635 S. Conkling St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Albrecht.

6. DATE OF BIRTH (month, day, year) Mar. 31 1845.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Konigsheim. Germany.

FATHER

13. NAME Andrew Albrecht

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Magdalena .?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Marie Rutsch(Niece)
(Address) 635 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 31, 19 33

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 E. Wolfe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 1/20/33, 19 ... to 5/28, 19 33
I last saw him alive on 5/26, 19 33 Death is said to have occurred on the date stated above, at 6:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic,	
Acetma.	

Other contributory causes of importance:

Acute Cardiac dilatation

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Connell M. D.

(Address) 633 S. Conkling

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90817

HEALTH DEPARTMENT—CITY OF BALTIMORE

90817

CERTIFICATE OF DEATH

1/31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1311 Mayf. St., 5-01 Ward)

Length of residenre in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Philip Scott Dudley

(a) Residence: No. 1311 Mayfield St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Amelia Baltimore (Address) 1311 Mayfield St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cem Date 5-31 at 1933

19. UNDERTAKER Byron & Manes & H. Wright (Address) 1218 Eutaw St

20. FILED MAY 30 1933 Huntington Williams Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933 to May 27, 1933

I last saw him alive on May 27, 1933. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	May 1933
Other contributory causes of importance: Cerebral Apoplexy	May 27 1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Caldwell M. D.

(Address) 50 Cusenbury St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90818

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90818

CERTIFICATE OF DEATH

Dr Henning

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Mount St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amalia Julia Langdorf

(a) Residence: No. 102 S. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Langdorf

6. DATE OF BIRTH (month, day, year) May 28th 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo. B. Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Schlarb

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm H. Soldan

(Address) 102 S. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5 | 31 | 33 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED ... 19 ... Registrar.

MAY 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1933 to 5-28, 1933

I last saw her alive on 5-28, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis, Senile Asthenia Arteriosclerosis	2 / 1

Other contributory causes of importance:

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, what?

(Signed) Ethelda Henning M. D.

5/29/33 (Address) 2000 Hollins St

NOTE—Undertakers should not accept bodies for burial, cremation or removal without a permit. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 90819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90819

CERTIFICATE OF DEATH

V 183

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounceddead at Hopkins Hospital St., 3-al Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antoni Federowicz

(a) Residence: No. 1518 Thames St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oct 20/1923

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wladyslaw Fererowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Apolonia Majka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Apolonia Federowicz
(Address) 1518 Thames St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cemetery Date May 31, 1933

19. UNDERTAKER F W Ozazewski
(Address) 1930 Eastern Ave

AY 301933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident of injury . 19

Where did injury occur? Foot of Bond St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Attempted to jump from dock to launch.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 508 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90820 HEALTH DEPARTMENT—CITY OF BALTIMORE 90820

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1174 Cleveland St. 12th Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie R. Uzzell

(a) Residence: No. 1174 Cleveland St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John Uzzell

6. DATE OF BIRTH (month, day, year): March 26, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Emmetsburg Md

FATHER

13. NAME: Bennett Tyson

14. BIRTHPLACE (city or town) (State or country): Emmetsburg Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Mc Neal
(Address) 1174 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Peters. Date: May 31, 1933

19. UNDERTAKER: John A. Mayer
(Address) 3000 E. Balto St

MAY 30 1933 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26th 1933 to May 28 1933

I last saw h[illegible] alive on May 28, 1933 Death is said to have occurred on the date stated above, at 1045 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	2 yrs ago.
Other contributory causes of importance: Generalized Arteriosclerosis	6 yrs ago.

Name of operation none Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harry Yeatts, M. D.

(Address) 523 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1245-9

E 90821

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90821

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Westwood ave 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruben Polansky

(a) Residence: No. 2011 Westwood ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel Polansky

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Bessie Rosie Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Isaac Polansky

(Address) 2800 Edgecombe Circle

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodeph Sh Date 5/30 1933

19. UNDERTAKER: S Levinson Bro

(Address) 1221 E Baltimore St.

20. FILED JUN 30 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29 1933

22. I HEREBY CERTIFY, That I attended deceased from April-11-1933 to May-29-1933

I last saw him alive on May-29-1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	D. K.
Carcinoma of Prostate	D. K.

Other contributory causes of importance:

General arterio Sclerosis	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Herman Jacobi M. D.

(Address) 2401 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

90822 01 Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99 E 90822

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Miller

(a) Residence: No. 2 S. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Fannie (same)

6. DATE OF BIRTH (month, day, year) May 24 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cemetery Rd Date May 31 1933

19. UNDERTAKER S. Levinson & Son

(Address) 1121 E. Baltimore St

20. FILED MAY 31 1933 Huntington Williams, M.D. Health Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 30 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22 1933 to May 30 1933

I last saw him alive on May 30 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arteriosclerosis Hypertension	1931 ?
Coronary artery disease	
Contributory Causes	1 mo. ago
Contributory Causes	May 19th
" "	May 24th

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harrison McGarvey M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268

90823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 90823

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-0 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Clarkson

(a) Residence: No. 1707 Jefferson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of :

6. DATE OF BIRTH (month, day, year) May 28/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Benjamin Clarkson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hilda

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hilda Clarkson
(Address) 1707 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hop. Cem. Date 5/30/33

19. UNDERTAKER Edward Ryan
(Address) 1631 Eden St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.20 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
(8 mons gestation)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. S. Hall M. D.
Coroner

(Address) 108 E Mt ...

OCCUPATION is very important. See instructions on back of certificate.

MAY 30 1933 H. E. for Fitzgerald Registrar

M. D. H. 1268-0

90824 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90824

CERTIFICATE OF DEATH

20-01 186-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Lot at Millington Ave. & B. & O. R.R. track (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard L. Punte.

(a) Residence: No. 440 Millington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 17, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August J. Punte.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Agnes M. Juchs.

16. BIRTHPLACE (city or town) (State or country) Erie, Pa.

17. INFORMANT August J. Punte. (father)
(Address) 440 Millington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 31 1933

19. UNDERTAKER Mr. - Mrs. J. S. Funk
(Address) 2514 Wilkins Ave

20. FILED MAY 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows: Fractured skull and crushed about the body. Caught between rolling smoke stacks. Occidental Death. — Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 5/28/33
Where did injury occur? On lot.
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place Public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt Coroner, M. D.
5/29/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-9

E 90825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90825

CERTIFICATE OF DEATH

8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St. 3-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Mezaleki

(a) Residence: No. 304 So Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) March 28, 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Julius Mezaleki

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Barbara Mezaleki

(Address) 304 So. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian Cem. Date May 30, 1933

19. UNDERTAKER John Grzeljuckas

(Address) 823 S. Paca St.

20. FILED MAY 30 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933 to May 30, 1933

I last saw her alive on May 30, 1933. Death is said to have occurred on the date stated above, at 6 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	5-1-33
Other contributory causes of importance:	
Toxic Myocarditis	5/9/33

Name of operation none Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Meranski M. D.

(Address) Lyden Hospital

MAY 30 1933

E 90825

To insure uniformity in classifying causes of death, and that it may be properly classified, Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 90826 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90826

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael J. Martin

(a) Residence: No. Ellicott City, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Martin

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Martin
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Hasser
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss M. Kavanaugh
(Address) Ellicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date June 1, 1933

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED MAY 30 1933 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident injury? 5-29-1933
Where did injury occur? Ellicott City, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Fell from Trolley into Tiber Creek
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Grier Fillerd Coroner, M. D.

(Address) 739 Eastern Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90827

CERTIFICATE OF DEATH X 44-003 E 90827.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Cordelia Dorsey

(a) Residence: No. near Mt. Airy, Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 9/1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

FATHER

13. NAME Alfred Thomas

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

MOTHER

15. MAIDEN NAME Dorothy Dorsey

16. BIRTHPLACE (city or town) (State or country) near Mt. Airy, Md.

17. INFORMANT Dorothy Dorsey
(Address) Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place MT. ZION Cemty Date June-1- 1933

19. UNDERTAKER C. M. Metz
(Address) Winfield Md.

20. FILED ... 19... Huntington Williams, Reg.

Y 301933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 30/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Tick Bite Fever	about 2 weeks

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Bacon M. D.
Coroner

(Address) 508 E Main

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90828

CERTIFICATE OF DEATH

E 90828

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hope Retreat St., 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. 0 mos. 0 ds.

2. FULL NAME Jane Lyons (JANE DOYLE LYONS)

(a) Residence: No. Mrs Hope Retreat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Single~~ Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

Divorced

6. DATE OF BIRTH (month, day, year): Unknown 1874

7. AGE: Years 59 | Months Unknown | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Hope Records, Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Cemetery Date: May 31, 1933

19. UNDERTAKER (Address): Stewart & Monk Company, 1818 N. Charles St.

MAY 31 1933 ~~Fifth~~ Fifth Ward, No. ~~Fifth~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1924 to May 29, 1933

I last saw her alive on May 20, 1933 Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	?
Chronic Myocarditis	
Acute Cardiac Dilatation (Sudden)	
Other contributory causes of importance:	
Dementia Praecox	34 years

Name of operation: None Date of: —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Upton P. Hull, M. D.

(Address) Mrs Hope Retreat

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-II 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90829 E 90829

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Carrollton Ave St., 16 Ward) Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Young

(a) Residence: No. 1129 Carrollton Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ B. Sophia Young

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Edward Young

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Atkins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT B. Sophia Young

(Address) 1129 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 31 1933

19. UNDERTAKER James A Hayes

(Address) 142 Wayne Ave Huntington Williamson W Va

20. FILED May 31 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1933, to 5/28, 1933

I last saw h... alive on 5/28, 1933, death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dysentery	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Burkett, M. D.

(Address) 21 [illegible]

OCCUPATION is very important. See instructions on back of certificate. Each statement of occupation must be filled in, or may be properly classified.

M. D. B. 1268-B

E 90830

E 90830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

Registered No. [redacted]

1. PLACE OF DEATH Balto City Hospitals 12-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Mitchell

(a) Residence: No. 215 Ware alley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Henrietta Mitchell

6. DATE OF BIRTH (month, day, year) 7-5-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Mitchell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Reece

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 6/1/33, 19

19. UNDERTAKER Mrs. George H. Holland

(Address) 1611 Druid Hill Ave

20. FILED MAY 31 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1933 to 5-28, 1933

I last saw him alive on 5-28, 1933 Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Neuritis	
Medical Fistulas	
Medical Stricture. G. C.	1932
in Organ.	
Secondary Anemia	
Other contributory causes of importance:	
Anemia	5/24/33
Bronchopneumonia	

Name of operation No Date of

What test confirmed diagnosis CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bowers Lakofka M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

E 90831 2733 34

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90831

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Clay

(a) Residence: No. 1800 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle

6. DATE OF BIRTH (month, day, year) 12-14-84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	49	-5-	-14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

FATHER

13. NAME Lewis Clay

14. BIRTHPLACE (city or town) (State or country) S Car.

MOTHER

15. MAIDEN NAME Eliz Daniels

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 5/31/33

19. UNDERTAKER Mrs. George A. Folland

(Address) Fair Deal Funeral Home

20. FILED MAY 31 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to May 28, 1933

I last saw him alive on May 28, 1933 Death is said to have occurred on the date stated above, at 10:00 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of aorta (syphilis)	?
Broncho-pneumonia	5/25/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Raymond Tilghman, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

E 90832

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90832

CERTIFICATE OF DEATH

92-001
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 2319 Druid Hill Ave ST., 13-01 WARD)

2-FULL NAME Annie E. Clarke

(a) RESIDENCE No. 2319 Druid Hill Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Beverdee Clarke

6 DATE OF BIRTH (month, day, and year) 9/15/1862

7 AGE — Years 70 71 — Months 8 — Days 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Hereford Balto. County Md

PARENTS

10 NAME OF FATHER Geo. Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah E. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Marie Lane
(Address) Indianapolis, Md

15 Filed MAY 31 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933, to May 28, 1933, that I last saw her alive on May 28, 1933 and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:
6 hr. Val. Heart Disease

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Dr of Joy

(duration) yrs. 3 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter S. Taylor M. D.

(Address) 1522 Harlem Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hereford, Md

DATE OF BURIAL 5/31/1933

20 UNDERTAKER Mrs. George H. Hellard

ADDRESS 1631 Druid Hill Ave

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

90833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90833

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Carter

(a) Residence: No. 1300 E Baltimore St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Carter

6. DATE OF BIRTH (month, day, year) Feb 17 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month and year) 07

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Carter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anita Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Carter

(Address) 1300 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Ea. Cem Date May 31 1933

19. UNDERTAKER John Ullrich & Sons

(Address) 1200 Eastern Ave

20. FILED JUN 1 1933 Hattie Fox Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hattie Fox Williams M. D. Coroner

(Address) 305 N Howard St

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90834

CERTIFICATE OF DEATH

93 E 90834

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N Milton Ave St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hermina K V Held

(a) Residence: No. 224 N. Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Christian Held

6. DATE OF BIRTH (month, day, year) April 7 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Viennna
(State or country)

FATHER

13. NAME Braumeck
14. BIRTHPLACE (city or town) Vein nn
(State or country)

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) Dont Know
(State or country)

17. INFORMANT Mrs Bertha Reis
(Address) 224 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date June 1, 1933

19. UNDERTAKER John Allen & Son
(Address) 2008 Allens

FILED 1 3 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 29, 1933

I last saw h alive on May 29. 1933 death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	May 29
Other contributory causes of importance:	
Senile Cardiac Degeneration	May 29
Pulmonary Edema	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) H. K. V. Held M. D.

(Address) 156 N. Milton Ave.

OCCUPATION is very important. See Instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90835

90835

56

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Saint Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 10-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Harry Dixon

(a) Residence: No. 1112 Somerset St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — —
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 - 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME Harry E. Dixon

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Dierlam

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Catherine Dixon

(Address) Bland Rd. & B St. - St. Denis

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park 6/2/33 1933

19. UNDERTAKER C. T. B. Tippett & Son

(Address) 1201 E. Eutaw Place

FILED MAY 31 1933 Huntington Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933 to May 29, 1933

I last saw h[illegible] alive on May 29, 1933. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic fever with multiple arthritis	
2. Rheumatic endocarditis with superimposed streptococcus viridans infection & septicemia	
Other contributory causes of importance:	
3. Terminal cardiac failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Alfred Van Demark, M. D.

(Address) St. Agnes Hos

M. D. B. 1268-9

90836

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90836

CERTIFICATE OF DEATH

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Somerset St., 5-01 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Pierce

(a) Residence: No. 504 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Irene Pierce

6. DATE OF BIRTH (month, day, year) Sept. 22/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Pierce

14. BIRTHPLACE (city or town) (State or country) Balto.,Md.

MOTHER

15. MAIDEN NAME Margaret Limbury

16. BIRTHPLACE (city or town) (State or country) Balto.,Md.

17. INFORMANT (Address) Mildred Summers (Daughter) 1623 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date June 1. 1933

19. UNDERTAKER John W Henderson & Sons (Address) 1542 E Monument St

FILED MAY 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac-Renal Disease	
Other contributory causes of importance: Information os Syphillis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Bayne M. D.

Coroner

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1263-9

E 90837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90837.

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 E. 25th St. 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Dorothea Myers.

(a) Residence: No. 110 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas H. Myers.

6. DATE OF BIRTH (month, day, year) Jany 24 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Augustus John

14. BIRTHPLACE (city or town) (State or country) Muehlhausen Germany

MOTHER

15. MAIDEN NAME Dorothea Jolin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas A. Myers

(Address) 110 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 1 1933

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JUN 1 1933 Huntington Williams Registrar

2224 St Paul

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/13/31 to 5/30/33

I last saw h alive on 5/29/33 2:30 P. Death is said to have occurred on the date stated above, at 3:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis. Before	11/13/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Leonard G. Baach M. D.

(Address) 2229 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90838 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90838

CERTIFICATE OF DEATH

127-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St., 17-01 Ward)

Length of residence in city or town where death occurred 1/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victoria Mack

(a) Residence: No. 732 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Mack

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME Sam Cook

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Emma Pink

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Wm. H. Mack

(Address) 732 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date 5/31, 1933

19. UNDERTAKER Walter E. Sawyer

(Address) 189 W. Hamburg St

20. FILED JUN 3 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	

Other contributory causes of importance:

Hydronephrosis Peritonitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90839 HEALTH DEPARTMENT—CITY OF BALTIMORE 90839

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bressmor City Hospitals 34 Registered No.

CITY OF BALTIMORE: (No. 926 Leadenhall St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Castor

(a) Residence: No. 936 Leadenhall St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura 1892

6. DATE OF BIRTH (month, day, year) 12-25-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steador

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Castor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hawkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Relative
(Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemty Date 5/31 1933

19. UNDERTAKER Walter B. Scriggs
(Address) 139 W Hamburg St

20. FILED MAY 31 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-33

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1933 to 5-27 1933

I last saw h[illegible] alive on 5-27 1933 Death is said to have occurred on the date stated above, at 4:35A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis acute	5-10-1933
Other contributory causes of importance: Bronchopneumonia	5-24-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

5-29-33 If so, specify

(Signed) Elmer Higgins M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAUER ✓ E 90840

M. D. B. 1268-3

E 90840

HEALTH DEPARTMENT—CITY OF BALTIMORE

139-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 5 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth Sauer

(a) Residence: No. 2319 Auban St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Sauer

6. DATE OF BIRTH (month, day, year) April 22 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John McAllister

14. BIRTHPLACE (city or town) MA
(State or country)

MOTHER

15. MAIDEN NAME Ana Wilkins

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT John McAllister
(Address) 2210 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL
London Park Date June 1, 1933

19. UNDERTAKER Thomas Lodge
(Address) 3413 Huntingdon Ave

FILED MAY 31 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1933 to 5-29 - 1933

I last saw her alive on May 29, 1933. Death is said to have occurred on the date stated above, at 6 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi Lateral Salpingitis	
Other contributory causes of importance:	
Intestinal Obstruction	

Name of operation Bi Lateral Salpingectomy Date of 5/24/33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Edward Roberts M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90841

E 90841

CERTIFICATE OF DEATH

Registered No. 186-001

1. PLACE OF DEATH Along side of W.Md.R.R.tracks. 24-01 Ward)

CITY OF BALTIMORE: (No. Mount Winans. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Lowe.

(a) Residence: No. 1607 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 8, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Lowe.

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER

15. MAIDEN NAME Addie M. Waltze.

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT James Lowe.(father)
(Address) 1607 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 31, 1933

19. UNDERTAKER Steve McCulley
(Address) 130 E Fort Ave.

19a. Huntington Williams, Reg. No.

OCCUPATION is very important. See instructions on back of certificate.

MAY 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found May 28, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . Death is said I last saw h alive on , 19 to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suffocated by cinders.
Occidental Death.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/27/33
Where did injury occur? W.M.R.R.Co.Yards, (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place.
Manner of injury Ball into cinders.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt Coroner, M. D.
5/31/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

Hobner

HEALTH DEPARTMENT—CITY OF BALTIMORE

90842 E 90842

CERTIFICATE OF DEATH

176

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Catherine Hobner

(a) Residence: No. 283 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hobner

6. DATE OF BIRTH (month, day, year) Oct 8 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME ? Tebens

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT John H Hobner
(Address) 283 S Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date June 1, 1933

19. UNDERTAKER Martin W. E. Rippel Inc.
(Address) 37 S. Amity St.

20. FILED MAY 31 1933 Huntington Wolfe ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933, to May 29, 1933

I last saw her alive on May 29, 1933. Death is said to have occurred on the data stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage following cholecystectomy for gall stones	
Other contributory causes of importance:	
[redacted] Cholelithiasis	

Name of operation Cholecystectomy Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Laguin, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

90843 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90843

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 S. Chapel St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Francis Lang

(a) Residence: No. 211 S. Chapel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 23 1908

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
25	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 081

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Maker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph Lang

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Emma Leipel

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Jerome Lang
(Address) 211 S. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 1, 1933

19. UNDERTAKER Martin McE. Duffy Inc.
(Address) 22 S. Arch St.

Huntington Wilkins, Jr. Registrar.

JUN 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1933 to May 29, 1933

I last saw him alive on May 27, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TBC.	7
of both lungs.	1

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. V. Kelly, M. D.

(Address) 1000 Linwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-8

E 90844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 90844

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Gorsuch ave St., 9-01 Ward)

Length of residence in city or town where death occurred 36 yrs. 5 mos. 19 dds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Bunn Smallwood

(a) Residence: No. 714 Gorsuch ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles A. Smallwood

6. DATE OF BIRTH (month, day, year) Dec. 12 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph F. Bunn

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia Kreamer

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mr. Charles A. Smallwood

(Address) 714 Gorsuch ave

18. BURIAL, CREMATION, OR REMOVAL Cem.

Place Most Holy Redeemer Date June 3 1933

19. UNDERTAKER Kenny Abbott & Sons Inc

(Address) 1301 E Fayette St

20. [illegible] MAY 31 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 31 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933 to May 31, 1933

I last saw her alive on May 31, 1933 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	5/28/33
Other contributory causes of importance:	
Pregnancy	Oct '32

Name of operation Post-mortem Examination Date of 5/31/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signature) Dr. B. Dyfert M. D.

(Address) 2802 Harford ave.

M. D. B. 1268-9

E 90845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90845

CERTIFICATE OF DEATH

159 ✓ Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Forrest Ave St. 9-Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Smallwood

(a) Residence: No. 714 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-31-33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 2 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Chas. N. Smallwood

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Marie Bunn

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Chas. N. Smallwood
(Address) 714 Forrest Ave.

18. BURIAL, CREMATION, OR REMOVAL Cem.
Place Most Holy Redeemer June 3 1933

19. UNDERTAKER Sidney Sharp Funeral Svc
(Address) 1301 E Eager St

Huntington Williams, M.D.
Registrar

MAY 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to May 31, 1933

I last saw her alive on May 31, 1933 Death is said to have occurred on the date stated above, at 3:18 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ford B. Wyatt M. D.

(Address) 2802 Ashford.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 90846 HEALTH DEPARTMENT—CITY OF BALTIMORE E90846

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 551 S. Paca St. 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabella Gray

(a) Residence: No. 551 S. Paca St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Gray

6. DATE OF BIRTH (month, day, year) April 1876

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	57	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) Life

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME William Laney

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME No Known

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Charles Hinton

(Address) 551 S. Paca

18. BURIAL, CREMATION, OR REMOVAL

Place Rockby Mount N.C. Date June 2, 1933

19. UNDERTAKER Joseph A. Sinclair

(Address) 1101 W. Fayette St.

20. FILED JUN 31 1933 Huntington Williams, M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to May 28, 1933.

I last saw her alive on May 27, 1933 death is said to have occurred on the date stated above, at 6 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 24 1933
Other contributory causes of importance: Arteriosclerosis	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Morley Stoag M. D.

(Address) 729 Eutaw Place Blvd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90847.

CERTIFICATE OF DEATH

E 90847.

Registered No. 1081

1. PLACE OF DEATH Providence Hospital

CITY OF BALTIMORE: (No. 1514 Division St. Ward 13 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Henson Cooper

(a) Residence: No. 2545 Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. House Work Rend

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo Cooper

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mattie Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mattie Eldridge

(Address) Eldridge and

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date May 31st 1933

19. UNDERTAKER Joseph A Lively

(Address) 1049 N Mount St

19a. FILED 19 Huntington Williams M.D.

MAY 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-13 1933 to 5-26 1933

I last saw her alive on 5-26-33 19 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-13-33

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Harris M. D.

(Address) Providence Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90848 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108 E 90848

1. PLACE OF DEATH — Mt Sin Hospital

CITY OF BALTIMORE: (No. ..... St. 32-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Herwig (Philip) Sr.

(a) Residence: No. 3102 Beverly Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma L. Herwig

6. DATE OF BIRTH (month, day, year) Aug 25 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME John Herwig

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Gertrude Valentine

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John Herwig Jr
(Address) 3102 Beverly Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date May 31 1933

19. UNDERTAKER Otto Kreiner & Sons
(Address) Baltimore, Md.

20. FILED May 31 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/27/33 to 5/30/33

I last saw him alive on 5/30/33 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Left pleural cavity - Bronchial Fistula	

M. D. B. 1238-9

Guard 12.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90849

CERTIFICATE OF DEATH

V 183 E 90849

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water at Pier No.6 Locust Point. 24th Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred Do not know. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unknown.

(a) Residence: No. Do not know. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date May 31, 1933

19. UNDERTAKER [redacted]
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found May 26, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Drowning.
Probably accidental.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M Reinhardt Coroner, M. D.

5/26/33 Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90850 M V 208 E 90850

CERTIFICATE OF DEATH

Registered No. 15-84

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Powdermaker

(a) Residence: No. 2523 Liberty Heights Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Powdermaker

6. DATE OF BIRTH (month, day, year) May 4th. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✱ Meats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

FATHER

13. NAME --------- Powdermaker

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Charlotte Brahm

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Morris Powdermaker
(Address) 3901 Woodhaven Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Oheb Shalom Cem. Date June 1, 1933

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

Huntington Williams M.D.
Registrar.

Rec'd FILED 6 1 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from
Inquest & autopsy. 19
I last saw h alive on Inquest & autopsy 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	5/29/33
Other contributory causes of importance: Automobile Accident	5/29/33

Name of operation Autopsy Date of 5/29/33
What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/29. 1933
Where did injury occur? Liberty Hts Ave nr Berleith
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Auto he was driving was
Nature of injury Struck by a street car

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph P. Kenny M. D.
Coroner
(Address) 2800 E. Madison St.

M. D. B. 1268-9

E 90851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90851

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 W. Rogers Ave. St. 27-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. .....mos. .....ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Kahn

(a) Residence: No. 2300 W. Rogers Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leon Kahn

6. DATE OF BIRTH (month, day, year) Feby. 6, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Levi Spandauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Hutzler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Greenwald (Daughter)
(Address) 2300 W. Rogers Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. June 1, 19 33

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

21 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933 to May 30, 1933

I last saw her alive on May 30, 1933 Death is said to have occurred on the date stated above, at ..... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 7 33 (3 weeks)

Other contributory causes of importance:

Aleis. sclerosis - myocarditis & diabetes	3yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Leiby, M. D.

(Address) Temple Garden Apts.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90852

CERTIFICATE OF DEATH

46 E 90852

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2057 Harford Rd. 8-01 (Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrr. ..... mos. ..... ds.

2. FULL NAME William R. Lanning

(a) Residence: No. 2057 Harford Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hannah E. Sanders

6. DATE OF BIRTH (month, day, year) June 5, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care Taker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reading Home
10. Date deceased last worked at this occupation (month and year) 11/32
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George Lanning
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wife Mrs. Hannah E. Lanning
(Address) 2057 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 6 1933

19. UNDERTAKER Edwin H. Carskadon
(Address) 2242 Eager St.

20. FILED JUN 31 1933 E. E. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/1933

22. I HEREBY CERTIFY, That I attended deceased from 1/16/33 19.. to 5/30/33 19.. I last saw her alive on 5/29/33 19.. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	1/16/33
Carcinoma Gall Bladder	1/16/33

Other contributory causes of importance:

Anemia —

Name of operation Exploratory Laparotomy Date of 2/2/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A Barden M. D.
(Address) 1506 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90853

CERTIFICATE OF DEATH

208 ✓E 90853

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry S. Wilson

(a) Residence: No. 231 State St., Harrisburg, Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Lilly T.

6. DATE OF BIRTH (month, day, year) Jan 15/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Henry J. Wilson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy H. Gay

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Harrisburg Pa Date May 31, 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St

31 1933 Huntington Williams, M.D.

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12.30 m. P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Terminal) 5/26/33

Other contributory causes of importance: 4/25/33

Fracture 5th lumbar vertebra 4/25/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4.25/33 19 .....

Where did injury occur? Harrisburg, Pa. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury In lifting his automobile in accident with street car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Cain M. D.

Coroner

(Address) 508 E. Fort Ave

M. D. B. 1265-9

E 90854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90854

CERTIFICATE OF DEATH

79-001

Registered No.

1. PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. 22 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. Weiss

(a) Residence: No. 6020 Burgess Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Edith Weiss

6. DATE OF BIRTH (month, day, year) Aug. 20-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 2	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt. Post 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt md

FATHER

13. NAME Jacob Weiss

14. BIRTHPLACE (city or town) (State or country) Balt md

MOTHER

15. MAIDEN NAME Virginia Block

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date June 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

Funeral Williams N.H.

31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30- 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-24- 1933, to 5-30- 1933

I last saw him alive on 5-30- 1933. Death is said to have occurred on the date stated above, at 11:58 A.M.

The principal cause of death and related causes of importance were as follows:

Septic Meningitis — Date of onset

Other contributory causes of importance:

Myocardial Failure

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Md. Gen. Hospital M.D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

GROTH

E 90855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90855

CERTIFICATE OF DEATH

Y 93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernst Groth

(a) Residence: No. 3104 Fleet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Groth

6. DATE OF BIRTH (month, day, year) July 30 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Groth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Wagenborn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem. Date 6/3, 1933

19. UNDERTAKER J M Groth (Address) 1217 E Baltimore St.

20. FILED Huntington Williams, M.D. Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1933 to May 30, 1933

I last saw her alive on May 30, 1933 Death is said to have occurred on the date stated above, at 11.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Other contributory causes of importance: Myocardial failure	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Parran, M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90856

E 90856

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 W. Franklin St., 17-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Kerns

(a) Residence: No. 519 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Kerns

6. DATE OF BIRTH (month, day, year) Jan 24-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin roofer 8-6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm. Kerns

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Isabella S. Kerns
(Address) 520 N. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Date 6/2 1933

19. UNDERTAKER Wm Cook & Son
(Address) 217 E. Lexington St

Huntington Williams, M.D.
Registrar.

MAY 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 - 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feller Coroner, M. D.

(Address) 2739 Eastern Ave

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90857

CERTIFICATE OF DEATH

17 E 90857

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sutton

(a) Residence: No. 542 N. Barrie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jim Mrs Sutton

6. DATE OF BIRTH (month, day, year) Sept 25-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 78	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U.S.

FATHER

13. NAME Thomas Sutton

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary Sutton

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Mrs. V. Sutton (Address) 542 N. Barrie St

18. BURIAL, CREMATION, OR REMOVAL
Place Hargstar NC Date June 1 . 1933

19. UNDERTAKER Joseph G Turpin (Address) 409 N Mount St

31 1933 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury May 27 . 1933

Where did injury occur? Back Yard
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Struck in face

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] Coroner . M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90858

CERTIFICATE OF DEATH

17 E 90858

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 19-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theo Pussey

(a) Residence: No. 403 W. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1911

7. AGE: Years 22 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Falls Md

FATHER

13. NAME: Stephen Pussey

14. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

MOTHER

15. MAIDEN NAME: Nutie Pollock

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Edith Willard
(Address): Falls Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mountcastle Date June 2 19 33

19. UNDERTAKER: Joseph A Lyerly
(Address): 402 W. Mount St

20. FILED 31 1933 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29 19 33

22. I HEREBY CERTIFY, That I attended, deceased from . 19 . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
due to stab wound	
of Side	
Hemorrhage of Pulmonic Artery	
Other contributory causes of importance: Switch Blade Knife	

Name of operation: Autopsy Date of

What test confirmed diagnosis: Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H E Lynch M. D.
Coroner
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90859

CERTIFICATE OF DEATH

131 E 90859

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 102 N. Vincent St., 19 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Burgess

(a) Residence: No. 102 N. Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Md

17. INFORMANT Virgil D. Braxton

(Address) 102 N. Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date June 2, 1933

19. UNDERTAKER Joseph A. Lively

(Address) 409 N. Mount St

FILED 19 Registrar.

317933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933 to May 29, 1933

I last saw him alive on May 29, 1933 Death is said to have occurred on the date stated above, at No. 300 Mc

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
Uremia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Block M. D.

(Address) 1118 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate. Exact statement of the occupation of deceased in plain terms, so that it may be properly classified.

M. D. B. 1268-9

90860

HEALTH DEPARTMENT—CITY OF BALTIMORE

90860

CERTIFICATE OF DEATH

164

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4120 Edmondson Ave (St.) (Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. H. Foos. Reg

(a) Residence: No. 4120 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ruth Ann Foos

6. DATE OF BIRTH (month, day, year): Aug 4-1887

7. AGE: Years 45 | Months 9 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Can Good Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year): Still

11. Total time (years) spent in this occupation: ~~Still~~

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Christian Foos

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Christina Zinkler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Ruth F. Foos 4120 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 2. 1933

19. UNDERTAKER: Mr. & Mrs. John H. Deufel & Son

(Address) 801 W. Lafayette St

20. FILED JUN 1 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30th 1933

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide — Date of onset

Carbon Monoxide Gas

Other contributory causes of importance: Sudden

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. O. Luck M. D. Coroner

(Address) Coroner

OCCUPATION, IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 90861 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90861

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Berkshire Road St. 27-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 17 yrs. ... mos. ... da.

2. FULL NAME Harald P. Jensen

(a) Residence: No. 3117 Berkshire Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mathilda Jensen

6. DATE OF BIRTH (month, day, year) July 20 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sugar Machinery Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. President

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Chas. E. Jensen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Wilhelmine Hansen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mathilda T. Jensen
(Address) 3117 Berkshire Road

18. BURIAL, CREMATION, OR REMOVAL
Place Ivywood Bmo. Date June 2. 1933

19. UNDERTAKER H. C. Von H. Teufel & Son.
(Address) 20 E. Lafayette St.

20. FILED JUN 1 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1932 to May 30 1933

I last saw him alive on May 30 1933 Death is said to have occurred on the date stated above, 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	11/23/32

Other contributory causes of importance:
Nephritis Chronic and Dropsy

Name of operation ..... Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. L. Zimmerman M. D.

(Address) 2855 Hanford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90862 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90862

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Forest Park Ave St. 15-nl Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Kuethe

(a) Residence: No. 3809 Forest Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane M. Kuethe

6. DATE OF BIRTH (month, day, year) Jan 9. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy-Manufacturers Representative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 06

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Kuethe

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Fredericka Grimeisen

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jane M. Kuethe
(Address) 3809 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 3 1933

19. UNDERTAKER John McTeufel's Son
(Address) 801 W. Fayette St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31/33. 19

22. I HEREBY CERTIFY, That I attended deceased from June 6/32 19... to May 31/33 19... I last saw h.im alive on May 30/33 19... Death is said to have occurred on the date stated above, at 11.57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about June 6/32

Other contributory causes of importance:

Myocarditis	June 6/33

Name of operation none performed Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter S. Dublett M. D.
(Address) 2220 Garrison Av

BIRTH CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90863 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90863

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16-01 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Reans

(a) Residence: No. 1105 N Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 6 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 58	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Seven Reans

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy Gaskins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Seven Reans
(Address) 1105 n calhoun st

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date June 3 . 1933

19. UNDERTAKER Joseph A Smedley
(Address) 406 N Fremont Ave

JUN 1 - 1933 Huntington Ave. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 3:20 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	

Other contributory causes of importance: Gangrenous Strangulated Hernia

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner . M. D.

(Address) ...

M. D. H. 1268-9

90864

HEALTH DEPARTMENT—CITY OF BALTIMORE

90864

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 17-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Marshall

(a) Residence: No. 328 Johnson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11-1904

7. AGE — Years 28 | Months 9 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Isaac Marshall

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Maggie Gomez
(Address) 1 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 6/3/ 1933

19. UNDERTAKER Samuel T. Kemsley
(Address) 578 W. Biddle St.

20. FILED JUN 1 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
Other contributory causes of importance: Fecal	

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Clark M. D.
Coroner

(Address) Coroner's Office

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90865

CERTIFICATE OF DEATH

23 E 90865

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N. Stricker street St., 14-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Johnson

(a) Residence: No. 409 N. Stricker st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 16th. 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME Bessi R.A. Johnson

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md

MOTHER

15. MAIDEN NAME Bessie Davis

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT Bessie Johnson
(Address) 409 N. Stricker st.

18. BURIAL, CREMATION, OR REMOVAL
Poolesville Date 6/1 1933
mont. co. md.

19. UNDERTAKER Chas G. Corker
(Address) 514 N. Calhoun St.

20. FILED JUN 1 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1933 to May 29th 1933

I last saw her alive on May 27th 1933 death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.C. Acct.	Abt Apr. 1st. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?
X-Ray Phy. Exam.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No.

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90866

HEALTH DEPARTMENT—CITY OF BALTIMORE

90866

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 1 - (Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Sponar

(a) Residence: No. 620 So Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of Elizabeth Sponar

6. DATE OF BIRTH (month, day, year) Nov 3 / 82

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Lawrence Sponar

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Sponar

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date June 2 19 33

19. UNDERTAKER John Pinda

(Address) 2811 Hudson St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30 19 33

22. I HEREBY CERTIFY, That I attended deceased from 5-12 19 33 to 5-30 19 33

I last saw him alive on 5-30 19 33 Death is said to have occurred on the date stated above, at 2 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Right Antrum c Lung Metastase	Jan 1932

Other contributory causes of importance:

Bronchopneumonia	5/27/33

Name of operation Biopsy Date Jan 1933

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Bruce Lebaron M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of DEATH in plain terms, so that it may be properly classified.

M. D. H. 1268-9

E 90867 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90867

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1012 W. Carey St., 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Monsan

(a) Residence: No. 1012 W. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fml
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1884

7. AGE: Years 48 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07°
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Carl Johnson
(Address): 1012 W. Carey

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 1st 33

19. UNDERTAKER: Elroy O Wilson
(Address): 1000 Brantley ave

Filed JUN 1 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Exhaustion	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Finch M. D. Coroner
(Address) Towson

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 90868 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90868

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N. Rose St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....dys. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME Hannah J. Huber

(a) Residence: No. 510 N. Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	2	21 "	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Goerge Huber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sopha Ulshiemer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William H. Huber
(Address) 4301 Springwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz, s Date June 1, 33

19. UNDERTAKER Wm. G. Miller & Son
(Address) 2334 Jefferson St.

20. FILED JUN 1 - 1933 Evington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933 to May 29, 1933

I last saw h.e alive on May 21, 1933 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 29

Other contributory causes of importance:

Arterio Sclerosis	
Endocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alan J. Taylor M. D.

(Address) 718 N Fallsway Balto

N. B.—WRITE information state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

E 90869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

E 90869

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 Lyndale Ave St., 8-01 Ward)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel May Cole

(a) Residence: No. 3333 Lyndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Cole

6. DATE OF BIRTH (month, day, year) March 24/1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Francis Joseph Voit

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Lanahan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Voit (Sisster)
(Address) 3333 Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Date June 2, 1933

19. UNDERTAKER Funk Brothers
(Address) 1100 Eutaw Place

JUN 1 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ..., Death is said I last saw h alive on ....., 19 ..., to have occurred on the date stated above, at before 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illumunating Gas Poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury ....., 19 ...
Where did injury occur? in home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home.
Manner of injury 4 burners of range on
Nature of injury in closed basement laundry.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. J. Oscar Coroner, M. D.

(Address) 500 E Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90870

E 90870

CERTIFICATE OF DEATH

copy Registry Clima

4 1/

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 25 Ward) 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Sima

(a) Residence: No. 2102 Maisel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/1/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Carlos Sima

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sima Fallon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date June 2 1933

19. UNDERTAKER Frank Brockson
(Address) 1906 Aliond Ave

20. FILED JUN 1 1933 ~~Huntington Williams~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to May 30, 1933

I last saw him alive on May 30, 1933. Death is said to have occurred on the date stated above, at 11 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung Metastasis to Supraclavicular nodes, liver, pericardium	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gerard B. Hurd, M. D.

(Address) Johns Hopkins Hosp.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-9

E 90871

E 90871 HEALTH DEPARTMENT—CITY OF BALTIMORE

Balto. City Hospitals 93-003

1. PLACE OF DEATH (Institution) Registered No.

CITY OF BALTIMORE: (No. Balto. Md St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Nelson

(a) Residence: No. 428 Caroline St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Nelson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Neddy Nelson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Ltd Date June 1 1933

19. UNDERTAKER [redacted]
(Address)

20. FILED 6-1-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-33

22. I HEREBY CERTIFY, That I attended deceased from 5-13 1933 to 5-26 1933

I last saw him alive on 5-26 1933 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?
Other contributary causes of importance: arteriosclerosis general	?

Name of operation None Date of —

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

5-29-33 Henry Highberger M. D.
(Signed)

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1968-9

90872

E 90872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 10-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. / mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Robinson

(a) Residence No. 927 Hubbard Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	married

5a. If married, widowed or divorced. HUSBAND of (or) WIFE of Anna (Separated)

6. DATE OF BIRTH (month, day, year) March 10, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Concrete construction

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkersville

FATHER

13. NAME Stanley Robinson

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Julia Jennings

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine, Md Date June 1, 1933

19. UNDERTAKER [redacted]

(Address)

[redacted]

JUN 1 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1933 to May 30, 1933

I last saw him alive on May 30, 1933 Death is said to have occurred on the date stated above, at ~~XXX~~ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Nasopharynx	?
Metastases to Glands of Neck	1932
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T P Magill, M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 90873

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90873

CERTIFICATE OF DEATH

VX 93-003

1. PLACE OF DEATH Saint Agnes Hospital

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. — mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Morgan Delaware Delauder

(a) Residence: No. Emmitsburg, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Anna C. Delauder

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation 0 yrs.

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Maryland

FATHER

13. NAME Jacob Hagle Delauder

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

MOTHER

15. MAIDEN NAME Mary C. Tyson

16. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

17. INFORMANT W. F. Hunt Jr. Emmitsburg Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] Cemetery Emmitsburg Md Date June 3, 1933

19. UNDERTAKER M. F. Hunt Jr. Emmitsburg Md
(Address)

20. FILED June 1 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30 1933 to June 1 1933

I last saw him alive on June 1, 1933. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease with decompensation and cardiac failure	

Other contributory causes of importance:

advanced arteriosclerosis Related organic renal lesions	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alfred Evans, M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1268-9

E 90874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-023 E 90874

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 320 N. Monroe St. St., 20-01 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ---mos.---ds. How long in U. S. If of foreign birth 20 yrs. ---mos.---ds.

2. FULL NAME Josephine M. Raake.

(a) Residence: No. 320 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Frederick H. Raake.

6. DATE OF BIRTH (month, day, year) September 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Joseph Heidler.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany,

17. INFORMANT William Seibold, (cousin)
(Address) 2615 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Date London Park Cem 6/2 1933
By Geo. A. Farley Funeral Director Irvington Baltimore, Md.

19. UNDERTAKER ...
(Address) ...

20. FILED JUN 1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis. Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation No. Date of ...

What test confirmed diagnosis Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Otto M Reinhardt Coroner, M. D.
5/30/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90875

E 90875 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N Wodrington Pl 7 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry A Smith Sr

(a) Residence: No. 3 N Woodrington Pl. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
M	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margaret J Smith

6. DATE OF BIRTH (month, day, year) Oct 28 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas H Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anastasia Manning

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Chas Smith
(Address) 3 N Woodrington Pl

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 6/3 193

19. UNDERTAKER Geo A Fairley
(Address) Fulton & Fayette

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31. 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1932 to May 31 1933

I last saw him alive on May 31 33 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorr	
Coma	5/29
Other contributory causes of importance	
Arteriosclerosis	1/3/32
Hypertension	
Chronic Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James J Lowenberg M. D.

(Address) 721 Mulberry St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90876 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90876

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 N. Fulton Ave St., 16-04 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reginal H. Kimmel

(a) Residence: No. 728 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John M.

6. DATE OF BIRTH (month, day, year) Oct. 25, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

FATHER

13. NAME Patrick Fuller

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Black

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Regina Kimmel
(Address) 728 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg Md. Date June 2, 1933

19. UNDERTAKER Wm. F. Daly & Son
(Address) 1527 W. Baltimore St

20. FILED JUN 1 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to May 30, 1933
I last saw her alive on May 29, 1933 Death is said to have occurred on the date stated above, at 5-10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis	1929
Myocardial Insuff.	1930
Cerebral Sclerosis	"

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? P.M. Lab Was there an autopsy? Y.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Homer C. Todd M. D.
(Address) 735 N. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90877 90877 90877

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Sunwalt Court) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert H. Wyatt

(a) Residence: No. 1209 Sunwalt Court Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 9, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	4	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Elmer W. Wyatt

14. BIRTHPLACE (city or town) (State or country) Somerset Co., Md

MOTHER

15. MAIDEN NAME Alice J. Travers

16. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md

17. INFORMANT Elmer W. Wyatt

(Address) 1209 Sunwalt Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Edmondson Filed Date June 2, 1933

19. UNDERTAKER William H. Cole

(Address) 1217 E. Baltimore St

20. FILED ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933 to June 1, 1933

I last saw him alive on May 31, 1933 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	5/17/33
Other contributory causes of importance: Acute Nephritis	5/28/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Cameron M. D.

(Address) 1644 Hanover St

E 90878

Von Mauchen

E 90878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 25-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Von Mauchen

(a) Residence: No. 715 Brookwood Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~Husband~~ of (or) WIFE of Adelbert C.

6. DATE OF BIRTH (month, day, year) May 9, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	0	22 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tucson, Ariz.

FATHER

13. NAME Moses Katz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Feld

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. J. T. Andrews

(Address) #715 Brookwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date June 2, 1933

19. UNDERTAKER Ward Schuchmann & Son

(Address) 1902 Eutaw Place

20. FILED June 2 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to June 1, 1933

I last saw h.e.r alive on June 1, 1933. Death is said to have occurred on the date stated above, at 2 54 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Craniotomy	5/26/33
Other contributory causes of importance:	
Cerebellar tumor	
Bronchial pneumonia	5/29/33

Name of operation Craniotomy Date of 5/26/33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Shevach, M. D.

(Address) Clinic Hosp.

OCCUPATION is very important. See that it may be properly classified. Exact statement of ... See instructions on back of certificate.

M. D. B. 1368-9

E 90879

HEALTH DEPARTMENT—CITY OF BALTIMORE

2730 91
E 90879

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernice Saunders

(a) Residence: No. 2337 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-16-19

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) S Car

MOTHER

15. MAIDEN NAME Florence Holly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 2, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder Ste.

FILED JUN 1 - 1933 19... Exeter Williams Registrar, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from May - 18. 1933 to May 29. 1933
I last saw h[illegible] alive on May 29 - 23 Death is said to have occurred on the date stated above, at 8 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	5-1-33
Pulmonary tuberculosis	1-15-33

Other contributory causes of importance:

Name of operation ..... Date of none

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Barton McNair M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90880

E 90880

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 1616 W. Mulberry St. 19-01 WARD)

2-FULL NAME Ida May Willis

(a) RESIDENCE No. 1616 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Connor Willis

6 DATE OF BIRTH (month, day, and year): Sept 26-1874

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58 59	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Moses Bilgham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Connor L. Willis
(Address): 1616 W. Mulberry St.

15 Filed JUN 1 - 1933

16 Signature of Registrar: Thurgood Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-31-1933

17 I HEREBY CERTIFY, That I attended deceased from 5/17/1933 to 5/31/1933.

that I last saw her alive on 5/30/1933.

and that death occurred, on the date stated above, at 2:25 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Aldes Medig

Terminal Pneumonia (duration) yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Hypertension (duration) yrs. 5 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. F. Jackson M. D.

6/1/1933 (Address) 608 Marlborough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: June 4 1933

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90881 E 90881

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 E. Biddle St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Philomena A. Hoffman

(a) Residence: No. 324 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Spaulding F. Hoffman

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard I. C. Jones

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Philomena McManus

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss R. Beatrice Hoffman

(Address) 324 E. Biddle Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 5/30 1933

19. UNDERTAKER Kenney & Mears and Son

(Address) 905 N. Calvert St.

20. [illegible] Huntington Williams M.D.
Registrar.

1-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from October 1928 to May 1933

I last saw h.. alive on May 30 1933. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic carditis with mitral stenosis & insufficiency & Myocardial failure	30 yrs

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles O'Donovan M. D.

(Address) 5 E. Read St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90882

CERTIFICATE OF DEATH

V 93 003

E 90882

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Rosekemp St. Ward) 27-21

Length of residence in city or town where death occurred 75 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Martin

(a) Residence: No. 3207 Rosekemp St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Martin

6. DATE OF BIRTH (month, day, year) April 29 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Martin
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Martin
(Address) 3207 Rosekemp St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date June 3 1933

19. UNDERTAKER Jos Jourdan's Son
(Address) 217 Fulton Ave

1-1933 Thurston Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to May 31, 1933

I last saw h alive on May 30, 1933 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Cardiac Valvular + Possible Coronary Disease

Date of onset

Other contributory causes of importance:

Myocarditis + Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clarence Jarvis, M.D.
5/31/33 (Address) 4706 Harford Rd

M. D. B. 1268-9

E 90883 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 90883

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Ross St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Bentz

(a) Residence: No. 1512 Ross St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bentz

6. DATE OF BIRTH (month, day, year) July 31 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 35	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles A Shelsby

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Henry Bentz

(Address) 1512 Ross St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross 99th Date June 5 1933

19. UNDERTAKER Chas. E. Stevens

(Address) 1501 E Fort Ave

Huntington, Williams & Rieman

Jun 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1933 to May 31 1933

I last saw h[illegible] alive on May 31 1933 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculor Laryngitis	
Other contributory causes of importance: Pulmonary Edema	

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Dr. John B. Owens

(Address) 26 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90884

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital St. 15-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha C. Rutley

(a) Residence: No. 1655 W. North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Rutley

6. DATE OF BIRTH (month, day, year) Sept 11 1871?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August Tigler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Fred Roycroft 5504 Gratmole Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/1 1933

19. UNDERTAKER Leonard J. Kruh (Address) 5305 Harford Rd

20. FILED Huntington Williams Registrar

6-1-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1933 to 5-30 1933

I last saw her alive on 5-29 1933 Death is said to have occurred on the date stated above, at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date of 5-20-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Conway M. D.

(Address) Vol. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90885 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90885

CERTIFICATE OF DEATH

93-083

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Ashburton Ave 15-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frederick J. Schlickenmaier

(a) Residence: No. 1708 Ashburton Ave st., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie Schlickenmaier

6. DATE OF BIRTH (month, day, year) June 23, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elsie Schlickenmaier

(Address) 1708 Ashburton Ave

18. BURIAL, CREMATION, OR REMOVAL

Interment Date June 3, 1933

19. UNDERTAKER Chenoweth & Son

(Address) 3615-17 Chestnut Ave

Huntington Williams, M.D.

20. FILED 1-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to May 31, 1933

I last saw him alive on May 31, 1933. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 days

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Isaac [illegible] Nicholson, M. D.

(Address) 3055 W. North Ave

M. D. B. 1268-0

E 90886 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90886

CERTIFICATE OF DEATH

92-001

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norwood Wilhelm

(a) Residence: No. 1239 Union Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of Mrs Norwood Wilhelm
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 12, 1905

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
M	27	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hucksters 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Clarence Wilhelm

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Maude McClain

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ethel Wilhelm
(Address) 1239 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL
St. Marys Hampden Date June 3, 1933

19. UNDERTAKER Ehrnowth Lore
(Address) 3645 Belair Road
Huntington Woods, Md.

20. FILED 6-1-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-25-30, 1933 to 6-1, 1933

I last saw h/ alive on 6-1, 1933 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
(Mitral stenosis)	
Congestive heart failure	Oct 30 '32
Auricular fibrillation	5-30-33
Pulmonary edema.	5-30-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? EKG. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Eichert M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90887

CERTIFICATE OF DEATH

V 131 E 90887

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary 7-11 Ward)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Geisz

(a) Residence: No. 3710 Manchester Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Fredericka Geisz

6. DATE OF BIRTH (month, day, year) March 14, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	71	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mr Henry Geisz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Stanley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fredericka Geisz

(Address) 3710 Manchester Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Pk Date 6/3/33

19. UNDERTAKER Geo H. Lemmon

(Address) 175 N. Eyndhurst St

Huntington Station, N.Y.

JUN 1 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933 to May 31, 1933

I last saw him alive on May 31, 1933. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia prior to	May 1932
Arteriosclerosis, General.	?
Myocardial Insufficiency	Apr. 5, 1933
Hypotension	" "
Other contributory causes of importance: Chronic Nephritis	?

Name of operation None Date of

What test confirmed diagnosis? Clinical + Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. Webber Young, M. D.

(Address) Church Home + Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

90888

CERTIFICATE OF DEATH

✓13/E 90888

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Scott St. 21-01 Ward)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Hudson

(a) Residence: No. 1217 Scott St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abel C. Hudson

6. DATE OF BIRTH (month, day, year) July 7 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Jesse C. Coldwell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nellie R. Lynk

(Address) 1217 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 6-2 1933

19. UNDERTAKER Wm Rork

(Address) 1219 E. Lord St

20. FILED 1 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933 to June 30, 1933

I last saw h... alive on May 30, 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Dis. Myocardium	

Other contributory causes of importance:

None

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90889

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Jefferson St. 6-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Schilling

(a) Residence: No. 2127 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Laura E. Schilling

6. DATE OF BIRTH (month, day, year) Aug 29th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custom Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt D56

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME J. Charles Schilling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kaiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daniel Schilling

(Address) 1223 Fidelity Building

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 2nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, M.D. Registrar.

1-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1931 to May 30, 1933

I last saw him alive on May 30, 1933 Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	?
Myocardial Insufficiency	1931
Cerebral Arteriosclerosis	Dec 1933
Cerebral Hemorrhage	" 10-33
Contributory, Heart failure	5/20/33

Other contributory causes of importance: —

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \ Date of injury ....., 19.....

Where did injury occur? \ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury \

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley Cole M. D.

(Address) 7207 Harrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

A&Co. 5-31 250M

E 90890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90890

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen. Hosp. St. 25-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eileen Lamar

(a) Residence: No. 3602 9th St Brooklyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Richard E LaMar
14. BIRTHPLACE (city or town) (State or country) Balto. Md
15. MAIDEN NAME Albina Denault
16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Richard E LaMar
(Address) 3602 - 9th Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 3. 1933

19. UNDERTAKER A Howard Evans
(Address) 38 E Fort Ave

Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-16-33, 19..., to 6-1, 1933

I last saw h.er alive on 6-1, 1933 death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous perforated Appendicitis	5-14-33
Other contributory causes of importance: Diffuse Peritonitis	5-16-33
Broncho pneumonia	—

Name of operation Drainage of peritoneal cavity Date of 5-16-33

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Kuller, M. D.
(Address) So Balto General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90891

CERTIFICATE OF DEATH

xV 93-003

E 90891

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 Ocala Ave St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Gross

(a) Residence: No. 14th 15th St. Richmond Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kaufman

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Goldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sophia Stein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Peter Goldman

(Address) Richmond Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date June 1, 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1627 E Balto st

20. FILED June 1 1933 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to May 31, 1933

I last saw her alive on May 31, 1933 Death is said to have occurred on the date stated above, at 5 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac Dilatation	5/31
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Huntington Williams, M. D.

6/1/33 (Address) 733 Aisquith St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90892 HEALTH DEPARTMENT—CITY OF BALTIMORE 90892

CERTIFICATE OF DEATH

Registered No. 8V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peggy Franklin

(a) Residence: No. 706 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 16/1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Irving Franklin

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Marie Bedford

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Irving Franklin
(Address) 706 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6-2 1933

19. UNDERTAKER Jas. M. Stewart
(Address) 1600 E. Pratt St

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to 19

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 6.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of neck	?

Other contributory causes of importance:

Post Scarlatinal	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. L. Kaiser M. D.

(Address) 1066 N. Eutaw St Coroner

OCCUPATION is very important. See instructions on back of certificate.

90893 268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90893

V 50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 Rayner ave St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louisa Clayton

(a) Residence: No. 2836 Rayner ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles W Clayton

6. DATE OF BIRTH (month, day, year): April 1876

7. AGE — Years: 58 | Months: 1 | Days: 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: James O. Holbrook

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER

15. MAIDEN NAME: Julia A Ehlers

16. BIRTHPLACE (city or town) (State or country): Balto Co Md

17. INFORMANT: Chas W Clayton
(Address) 2836 Rayner

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Cem Date: June 3 1933

19. UNDERTAKER: W J Ziegler & Sons
(Address) 1401 Pennsylvania

20. FILED ... 19... Registrar.

JUN 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1. 1933

5-2-31 I HEREBY CERTIFY, That I attended deceased from 6-1-33 to 6-1-33 and I last saw h... alive on 6-1-33 at 8.30A m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Paugetts Disease About 3	1-15
Other contributory causes of importance: Carcinoma Breast	1

Name of operation: Breast Amputation Date of 6-21-33

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ina L Fetherolf M. D.

(Address) 3400 Walbrook Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Grosskopf

E 90894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90894

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Grosskopf

(a) Residence: No. 505 N. Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 13 - 1847

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
86	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Lambert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunsi Obel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 3rd, 1933

19. UNDERTAKER Libby, Zuke Inc. (Address) 403 S. Broadway St.

20. FILED , 19 Registrar.

JUN 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to June 1, 1933

I last saw h.. alive on June 1, 1933 Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Other contributory causes of importance: Pulmonary Tuberculosis, Myocarditis	

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Engel M. D.

(Address) Balt. City Hosp.

Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90895

E 90895

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH church home + Infirmary

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Wake

(a) Residence: No. 804 N. Lakewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Wake

6. DATE OF BIRTH (month, day, year) Jan 18 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. apartment house

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ernest Wake

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Shardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date June 3, 1933

19. UNDERTAKER Henry Snyder & Sons Inc. F. Lawler
(Address) Baltimore & Broadway

FILED JUN 2 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-30 1933 to 6-1 1933

I last saw him alive on 6-1 1933 Death is said to have occurred on the date stated above, at 3:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus viridans septicaemia	[illegible]

Other contributory causes of importance:

agranulocytosis
acute Nephritis
uraemia
Prostatectomy

Name of operation. None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Weber Young M. D.

(Address) Church Home

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90896

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 222 S. Collington Ave St., 1-01 Ward)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles R. Miller

(a) Residence: No. 222 S. Collington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 11, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles S. Miller

14. BIRTHPLACE (city or town) Williamsport
(State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Dieterich

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Emma Miller
(Address) 222 S. Collington Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 2, 1933

19. UNDERTAKER HENRY SANDER & SON INCORPORATED
(Address) Broadway & Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1933, to May 30, 1933.

I last saw h[illegible] alive on May 29, 1933. Death is said to have occurred on the date stated above, at 11:[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Pharyngitis (Streptococci)	4/22/33
Heart Failure	3 wks
Other contributory causes of importance:	
Bronchio-Pneumonia	2 wks

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Harper A. Fraser M. D.

(Address) 125 N. Bway

M. D. B. 1268-9

✓ E 90897

90897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 E Lafayette Ave. St. 4-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret R. Koller

(a) Residence: No. 1232 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. H. Koller

6. DATE OF BIRTH (month, day, year) Oct. 1, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
78	8	0	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Kane Curry

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Koller

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Miss Mary Koller
(Address) 1232 E Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date June 5, 1933

19. UNDERTAKER George J. Ruth Son
(Address) 1750 Hollins Ave

20. FILED JUN 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to June 1, 1933
last saw h. alive on June 1, 1933 Death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:
Chronic Nephritis
Gall Bladder disease

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur C Monninger M. D.

(Address) 800 E North Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90898

E 90898 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720-E. Federal St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mary Elizabeth O'Connell

(a) Residence: No. 1720-E. Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas V. O'Connell Sr.

6. DATE OF BIRTH (month, day, year) 1/30/1885

7. AGE	Years	Months	Days	If LESS than 1 Day, ... hrs. or ... min.
	48	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard E. Pattison

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E. Masterman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Catherine B. Strahan

(Address) 1810 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 6/3/33 19

19. UNDERTAKER Geo. J. Kraft Inc.

(Address) 123 Hollins St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 31 1933

that saw h... alive on May 30 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Exhaustion + Toxaemia

Other contributory causes of importance:

Cancer of stomach

Name of operation Exploring Exploratory Date of

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Chas. Brunk M. D.

(Address) 4246 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90899 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90899

CERTIFICATE OF DEATH

92-001

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 E. Monument Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Lange

(a) Residence: No. 1608 E. Monument Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Lange

6. DATE OF BIRTH (month, day, year) April 5, 1847.

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
86	I	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Eble

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Mier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Gracey

(Address) 1608 E Monument Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 3, 1933

19. UNDERTAKER George J. Roth Inc

(Address) 1785 Aisquith [illegible]

20. FILED [illegible] 19[illegible] [illegible] Registrar.

JUN 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31-33

22. I HEREBY CERTIFY, That I attended deceased from 5-28-33 to 5-31-33

I last saw h[illegible] alive on 5-28-33 Death is said to have occurred on the date stated above, at 9[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	5-29

Other contributory causes of importance:

Senile Cardiac	
Debility	1 Day

Name of operation: [illegible] Date: [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Regester M. D.

(Address) 800 Mount Street

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90900

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90900

CERTIFICATE OF DEATH

93-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Scott.

(a) Residence: No. 2109 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negress	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward.

6. DATE OF BIRTH (month, day, year) April 9, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 07 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Campbell

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Dent

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Date June 2, 1933

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933 to May 31, 1933

I last saw her alive on May 31, 1933 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension Heart disease	?
Other contributory causes of importance:	
Bronchopneumonia	7 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. O'Connell M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90901

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90901

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St. 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Badger
(a) Residence: No. 2036 Druid Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John H Badger
6. DATE OF BIRTH (month, day, year): Aug 16-1888
7. AGE: Years 44 | Months 9 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER
13. NAME: John T Parker
14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER
15. MAIDEN NAME: Maria Ross
16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Gertrude Freeman
(Address): 1909 Mc Culloh

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cemetery Date June 3 1933

19. UNDERTAKER: Thomas E. Nelson
(Address): 1303 Druid Hill Ave

20. FILED: Hunting for Wills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... I saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Pistol wound of abdomen	4 days

Other contributory causes of importance:

Name of operation: Autopsy Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leek Coroner
(Address) Bronxville

M. D.

M. D. H. 1268-9

E 90902 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90902

CERTIFICATE OF DEATH

163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 3-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 22 yrs. ... mos. ... ds.

2. FULL NAME Olga Adler

(a) Residence: No. 1312 E Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad Adler

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Ehrle Friedman

14. BIRTHPLACE (city or town) (State or country) Russia Poland

MOTHER

15. MAIDEN NAME Father Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 6-2-33, 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1401 m.

The principal cause of death and related causes of importance were as follows:

Ricinoleic Poisoning

Suicide

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6/2, 1933

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) B. Pasternack M.D. M. D.
Coroner

(Address) 1306 N. Fallsway City

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 90903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90903

82-286

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Callow St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rond Hurwetz

(a) Residence: No. 2219 Callow St., 19 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 67 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Fox (Address) 2707 Callow ne

18. BURIAL, CREMATION, OR REMOVAL Floradale Date 6-2-33, 19

19. UNDERTAKER Post Lewis Fox (Address) 1711 E. Monument St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) John J. Hourican M. D. Coroner

(Address) 36 E. Lexington

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90904

HEALTH DEPARTMENT—CITY OF BALTIMORE 90904

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 17-(Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45-7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Broadway

(a) Residence: No. 630 Jasper St., Ward.

(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie

6. DATE OF BIRTH (month, day, year) 4-15-?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. "Sample Carrier"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore ? Md.

FATHER

13. NAME John Broadway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henny Fountain

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 6/2 19 33

19. UNDERTAKER Walter B Jenings

(Address) 137 W Hamburg St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 19 33

22. I HEREBY CERTIFY, That I attended deceased from May 27 19 33 to May 31 19 33

I last saw him alive on May 31 19 33 Death is said to have occurred on the date stated above, at 5-20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Chronic Nephritis	?
Other contributory causes of importance:	
Myocardial failure	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I B Grayell M. D.

(Address) Balt. City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90905

CERTIFICATE OF DEATH

131

E 90905

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 E. Lafayette St., E. O. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Freyer

(a) Residence: No. 2429 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo W. Freyer

6. DATE OF BIRTH (month, day, year) 1-16-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Kirch

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Kate Sewell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Kate Kane

(Address) 2429 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6-5, 1933

19. UNDERTAKER Fernand J. Ruck

(Address) 3325 Harford Rd.

20. FILED JUN 2 - 1933 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 5 1932 to June 1 1933

I last saw h.. alive on June 1 1933 5:00 P.M. Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Fibroid tumor	3 yrs
Cerebral Arteriosclerosis	2 yrs
Acute Intestinal Obstruction	2 days
Arterial Hypertension	2 yrs
Other contributory causes of importance:	
Cardiac Dilatation	7 days
Pneumonia	4 days

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Allen O. Rosenberg M. D.

(Address) 4025 E. Monument St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90906

CERTIFICATE OF DEATH

93-014

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Westwood Ave St., 25 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Yetta Weinstein

(a) Residence: No. 2017 Westwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Mof

6. DATE OF BIRTH (month, day, year): 1881

7. AGE: Years 52 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Menasha Zalis
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Liebe —
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Samuel Zalis
(Address) 2305 Ocala

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Date June 2, 1933

19. UNDERTAKER: S Berman Son
(Address) 1211 E Baltimore St

20. FILED JUN 2 1933 19 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1933 to June 1, 1933

I last saw h[illegible] alive on June 1, 1933 Death is said to have occurred on the date stated above, at 11:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	June 1

Other contributory causes of importance:

Hypertension	1929

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Levine M. D.

(Address) 1810 Eutaw Pl

N.B. — Accurate and complete answers to all questions on this certificate are required by law. Any person who knowingly makes a false statement of the CAUSE OF DEATH or OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90907

E 90907 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 8-06 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Bulin

(a) Residence: No. 2316 Mayfield ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/30/33

7. AGE Years	Months	Days	If LESS than 1 day 23 hrs. or 50 min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Bulin

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Matilda allen

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT John Bulin
(Address) 2316 Mayfield ave

18. ~~BURIAL~~., CREMATION, ~~OR REMOVAL~~
Place London Park Cem. Date June 2 1933

19. UNDERTAKER Henry W. Pregerson
(Address) 605 N. Calvert St.

20. FILED ..... 15 Huntington Ave. Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/30/33 . 19 . to 6/1/33 . 19 .

I last saw h. alive on 6/1/33 . 19 . Death is said to have occurred on the date stated above, at 8-00 p.m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage - Prolonged Labor

Date of onset 2 hrs 6 min

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Raymond F. Helfrich M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90908

HEALTH DEPARTMENT—CITY OF BALTIMORE

90908

CERTIFICATE OF DEATH

V46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 Elmer Ave St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 37 yrs. ... mos. ... da.

2. FULL NAME Michele Bufano

(a) Residence: No. 5004 Elmer Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Concetta Bufano.

6. DATE OF BIRTH (month, day, year) July 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Estb.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Maurice Bufano

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Concetta Bufano

(Address) 5004 Elmer Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 6/3, 1933

19. UNDERTAKER Vernon Lemmon

(Address) 4411 Park Heights.

20. FILED 6-1-1933 Huntington Indiana N.T.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1928 to May 31, 1933

I last saw h... alive on May 24, 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1928

Other contributory causes of importance:

Name of operation Colostomy Date of 1928

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas J Blake, M. D.

(Address) 70 E Preston.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90909

CERTIFICATE OF DEATH

V 13

E 90909

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME James M. Boze

(a) Residence: No. 13 E Franklin St St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2.

6. DATE OF BIRTH (month, day, year) Feb 28 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 ST

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Joseph Boze

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Mary 2

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6/5 1933

19. UNDERTAKER Wm E Cook

(Address) 1217 St Paul St

20. FILED 6-2 1933 Timothy for Elmer Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/30 1933 to 6/1 1933

I last saw h.... alive on 6/1 1933 Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	2
	2 mo
Other contributory causes of importance:	
Acute retention of urine	5 days
Uraemia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) J H Gordon M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90910

CERTIFICATE OF DEATH

45 E 90910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Park Heights Ave 5-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin J. Colley

(a) Residence: No. 4102 Park Heights Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Agnes B. Colley

6. DATE OF BIRTH (month, day, year) Oct 17th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year) Mar 1930

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alexander R. Colley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Rush

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harold C. Shipley

(Address) 4102 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet, Baltimore Md 6/3 1933

19. UNDERTAKER Wm C. Jones

(Address) 1219 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

JUN 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/28 1933 to 5/31 1933

I last saw him alive on 5/31 1933 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left jaw with metastases to glands of the neck and Brain	1927

Other contributory causes of importance:

Ingestion	
Chronic myocarditis	1929
Arteriosclerosis	1931

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold Bailey Jr M. D.

(Address) 5142 Park Heights Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

-10692

E 13094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90911

CERTIFICATE OF DEATH

E 90911

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 34

CITY OF BALTIMORE: (No. ..... St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alexander Woodard

(a) Residence: No. 600 Hea St., Ward. Back Harrow Harrow St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 4-9 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Alexander Woodard

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Warren

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 6/2/ 19

19. UNDERTAKER Wm. Geo. E. Lodge

(Address) [illegible]

20. Filed 2-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933 to May 29, 1933

I last saw him alive on May 29, 1933 Death is said to have occurred on the date stated above, at 8 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:

Arteriosclerosis Senile

Name of operation Ligation Cut Iliac A. Date of 5-23-33

What test confirmed diagnosis? Aut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. R. Trimble M. D.

(Address) Johns Hopkins Hosp

MARK CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90912 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90912

CERTIFICATE OF DEATH

V 183

1. PLACE OF DEATH Found in Harbor at

CITY OF BALTIMORE: (No. Foot Pier 6 Pratt St. Ward) Ward 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME unknown

(a) Residence: No. unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	unknown

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date June 2, 19 33

19. UNDERTAKER
(Address)

20. FILED JUN 2 1933 Huntington Williams, M.D.
Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on June ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Immediate	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19 ...

Where did injury occur? Foot Pier 6 Pratt
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ud

Manner of injury fell in Harbor

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? ud

If so, specify

(Signed) James M Fenton, M. D.
Coroner

(Address) 700 E Chas

M. D. B. 1268-9

90913 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90913

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 76-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John T. Barnett

(a) Residence: No. ? Bay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date June 3 1933

19. UNDERTAKER John J. Graham Son (Address) 1318 Light St

20. FILED 2 - 1933 Huntington Wilson, Registrar. RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26 1933 to May 31 1933

I last saw him alive on May 31, 1933 Death is said to have occurred on the date stated above, at 12 40 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension Heart Disease	?

Other contributory causes of importance:

Myocardial failure	5 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Magruder, M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 90914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90914

CERTIFICATE OF DEATH

154

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Westwood Ave 427-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Raymond H. L. Thomas

(a) Residence: No. 2817 Westwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fitzhugh L. Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Christine Fetherolf

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Fitzhugh L. Thomas
(Address) 2817 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cem Date 6-7 1933

19. UNDERTAKER Leonard J. Rost
(Address) 3201 Harford Ave

20. FILED JUN 7 1933 William ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 1 1933
I last saw h... alive on June 1 1933 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	

Other contributory causes of importance:

Premature Birth	

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. Campbell M. D.

(Address) 1644 Edmondson Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

90915 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186 E 90915

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2222 Mt Holly St. ST 15-01 WARD)

2 FULL NAME Thos F. Murphy,

(a) RESIDENCE NO 2222 Mt Holly St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 1 mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married,

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~last husband~~ Theresa M. Kilroe Murphy

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1870.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	6 5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman, 06

(b) General nature of industry, business, or establishment in which employed (or employer) Liquor Business

(c) Name of employer A. F. Burg,

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Murphy,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland,

12 MAIDEN NAME OF MOTHER Hannah O'Connell,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland,

14 Informant Mrs Jos. F. Murphy,
(Address) 2222 Mt Holly St

15 Filed June 2nd 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 1933.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29. 1932 to June 1, 1933.

that I last saw h~~im~~ alive on June 1, 1933.

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis & Enlargement of Glands of groin injury.
(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Fall down steps Fracture left femur,
Lacerated buttock (Duration) yrs. 6 mos. ds.

18 Where did disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Injury Evidence &c

(Signed) Chas Chatterton, M. D.

6/3 19 (Address) 1136 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 6/3 1933

20 UNDERTAKER H. C. Branning Sons

ADDRESS 1136 Pulaski Street

June 2nd 1933 for Sept 1933 Issue

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90916 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176 E 90916

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) ..... (Ward) .....

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Cumming

(a) Residence: No. Dixon Hill; Mt. Washington (St.) D C Hill (Ward)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula S. Cumming

6. DATE OF BIRTH (month, day, year) 7-24-57

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
73	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year) May 2. 1933

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME J. Jones Cumming

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emma Prescott

16. BIRTHPLACE (city or town) (State or country) Petersburg Virginia

17. INFORMANT Son R. L. Cumming

(Address) Church Home & Infirmary

18. BURIAL, CREMATION, OR REMOVAL

Farmville Virginia Date June 3. 1933

19. UNDERTAKER Chas. H. Black

(Address) 1600 Eutaw Ave

FILED ..... 19.. ..... Registrar.

2-1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26 1933 to June 2 1933

I last saw him alive on June 2 1933 Death is said to have occurred on the date stated above, at 12 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis with Cholelithiasis	May 29 33
Other contributory causes of importance: Myocardial Failure	June 1 33

Name of operation Cholecystectomy Date of May 29 1933

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon H Norwood M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90917

CERTIFICATE OF DEATH

V 169

E 90917

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md Gen Hosp (St.) 14-04 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily S. Morris

(a) Residence: No. 52 W Wilson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): July 24-1868
7. AGE: Years 64 | Months 10 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Thos H Morris
14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER
15. MAIDEN NAME: Sallie E. Jones
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Lyrelia E. Stafford
(Address) 52 Wilson

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 6/3 1933

19. UNDERTAKER: Hughes & Jones Inc.
(Address) 421 N. Broadway

20. FILED 2 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Contusion of Brain	
Shock	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ... 19...
Where did injury occur? 52 Wilson (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... Coroner ... M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90918

CERTIFICATE OF DEATH

128 E 90918

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Twele

(a) Residence: No. 323 E. Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick A. Twele

6. DATE OF BIRTH (month, day, year) May 2/1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas, Md.

FATHER

13. NAME Wm. McNicholas

14. BIRTHPLACE (city or town) (State or country) Texas, Md.

MOTHER

15. MAIDEN NAME Addie Price

16. BIRTHPLACE (city or town) (State or country) Texas, Md.

17. INFORMANT Husband (Address) 323 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date June 3 1933

19. UNDERTAKER Mary M. Weyforth (Address) 50 E. 22nd St Huntington Railroad, N.Y.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Mason Coroner, M. D.

(Address) 508 E. Lanvale

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90919

CERTIFICATE OF DEATH

167 E 90919

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs.) 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lewis Singman

(a) Residence: No. 1773 Montpelier St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret F. Brady

6. DATE OF BIRTH (month, day, year) Apr 14/1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark, N.J.

FATHER

13. NAME Mandel Singman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Margaret Brady Singman

(Address) 1773 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date June 3 1933

19. UNDERTAKER Mary M. Broadfoot

(Address) 501 E 32nd St

20. FILED June 2 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.10 P.M.

The principal cause of death and related causes of importance were as follows:

Pistol Shot Rt Temple — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Clifton Park Lake Drive

Manner of injury While seated at wheel

Nature of Injury of his automobile 8 A.M.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Price, M. D. Coroner

(Address) 500 E Pratt St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

E 90920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90920

CERTIFICATE OF DEATH

82-001 Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6660 Belair Rd 71-01 Ward)

Length of residence in city or town where death occurred 1/f yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara A. Driver

(a) Residence: No. 6660 Belair Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) ~~HUSBAND OF~~ WIFE of Louis Driver

6. DATE OF BIRTH (month, day, year) Nov 27th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Ruegel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Josephine Driver

(Address) 6660 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 6/2/1933 Huntington Wallace, Registrar

6-3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 1 1933

I last saw h[illegible] alive on June 1st 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustave A Trulf M. D.

(Address) Corbin.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90921

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4121 Woodhaven Ave Ward) 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catharine Brodkin

(a) Residence: No. 4121 Woodhaven Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Frank Brodkin

6. DATE OF BIRTH (month, day, year) Oct 31st 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Marussewski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosalie M. Reiker

(Address) 4121 Woodhaven Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Hampton Williams M.D. Registrar.

6-3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25 1933 to June 1st 1933

I last saw her alive on June 1 1933 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	?
Hypertension	
Cerebral Hemorrhage	
Other contributory causes of importance: Cerebral Hemorrhage	6-1-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George P. Wiesz M. D.

(Address) 4040 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90922

E 90922

CERTIFICATE OF DEATH.

186-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospital St., 1-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Lynch

(a) RESIDENCE NO. 913 S. Linwood Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Lynch

6 DATE OF BIRTH (month, day, and year) August 4, 1844

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	88	9	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER James L. Adams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Johanna Shackelford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mr. William Thomas

(Address) 504 N. East Avenue

15 6-1-1933 Huntington Williams, M.D. Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Accidental Fract of L Hip

(duration) ....yrs. 3 mos. ....ds.

(Signed) [illegible] M. D. (Coroner)

6/2, 1933 (Address) 1305 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the state ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

Date of Burial June 3 1933

20 UNDERTAKER Joseph Cook

ADDRESS 1002 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 90923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 90923

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2517 N. Calvert ST., 12-01 WARD)

2—FULL NAME Ida E. Hunter

(a) RESIDENCE NO. 2517 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced; (write the word): Single

6 DATE OF BIRTH (month, day, and year): Oct. 12, 1857

7 AGE: Years 75; Months 7; Days 19; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas V. Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Cameron

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mr. Thomas B. Hunter

(Address) White Hall, Md.

15 FILED: 3-1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-1-33

17 I HEREBY CERTIFY, That I attended deceased from Dec 2. 1932. to Jan 1. 1933

that I last saw h alive on May 31. 1933

and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH* was as follows: Dilated heart with Valvular disease

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Pylorus & Intestines (duration) yrs. mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? No Date of

Was thrre an autopsy? No

What test confirmed diagnosis? Usual signs

(Signed) W. H. Pearce M. D.

June 2. 1933 (Address) 205 Charles St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Vernon, Baltimore Co.

DATE OF BURIAL: June 3, 1933

20 UNDERTAKER: E. Leroy Staffler, Inc.

ADDRESS: 125 E. North Ave.

Important: See instructions on back of certificate.

M. D. B. 1268-9

E 90924 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90924

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-W Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha Elizabeth Erdman

(a) Residence: No. 1709 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Frederick G. Erdman

6. DATE OF BIRTH (month, day, year) 1852 - May 5

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Foster Gilley

14. BIRTHPLACE (city or town) (State or country) Me

MOTHER

15. MAIDEN NAME Julia Ann Ridgley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 5th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

No. 3-1933 Arlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to June 2, 1933

I last saw her alive on June 1, 1933 Death is said to have occurred on the date stated above, at 2 10 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	?
Auricular Fibrillation	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. E. Burns M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90925

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90925

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp 16-01 St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mc Donald

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME David Mc Donald

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Estella ?

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 2 . 1933

19. UNDERTAKER [redacted]
(Address)

20. Filed 3-1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31 1933 to May 31 1933.

I last saw him alive on May 31 1933 Death is said to have occurred on the date stated above, at 5-10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Myocarditis	

Other contributory causes of importance:
Senility
Myocardial failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 90926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90926

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 26-0 Ward)

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 hrs. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Lowndes

(a) Residence: No. 506 S Oldham St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/1/33

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Lowndes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Johnson

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Jan 1, 1933

19. UNDERTAKER [redacted]

(Address)

20. FILED JAN 3 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/1/33 (2:30 am) to 6/1 (5 am) 1933

I last saw him alive on 6/1/33, 19.. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6 mos)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas Bruce Schaefer, M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90927 E 90927

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 N. Barre st (3rd fl) St. ... Ward) 154

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Miller

(a) Residence: No. 536 N. Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
M	Col	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Grant Lackey

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Pauline Miller

16. BIRTHPLACE (city or town) Elkins City
(State or country) W. Va.

17. INFORMANT Samuel Miller
(Address) 536 N. Barre st

18. BURIAL, CREMATION, OR REMOVAL
Place Interred of the Date June 1st 1933

19. UNDERTAKER ...
(Address) Huntington Williams, Inc.

20. FILED ... 19 ... Registrar.

6-1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to June 1, 1933

I last saw h... alive on June 1, 1933 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Malnutrition	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) 6 S. Eutaw St

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90928

CERTIFICATE OF DEATH

E 90928 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Division St. Ward) 95-162

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor F. Thomas

(a) Residence: No. 2132 Division St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race colored

5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of School Girl

6. DATE OF BIRTH (month, day, year) Oct 4 1912

7. AGE: Years 19 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Francis J. Thomas

14. BIRTHPLACE (city or town) (State or country) Carolina

MOTHER

15. MAIDEN NAME Johanna Griffin

16. BIRTHPLACE (city or town) (State or country) Gate's Co. Ireland

17. INFORMANT Francis Thomas

(Address) 2132 Division

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 5th 1933

19. UNDERTAKER Thomas E. Wright

(Address) 1584 Huntington Ave. Balto. Md.

20. FILED June 5 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to June 2 1933

I last saw her alive on June 2 1933. Death is said to have occurred on the date stated above, at 6:40 a. m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Childhood

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. Garland Ahrens M. D.

June 2 1933 (Address) 1584 Huntington Ave.

OCCUPATION is very important. See instructions on back of certificate.

N 3 - 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

90929 E 90929

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Batzer

(a) Residence: No. 23 N. High St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minna Batzer

6. DATE OF BIRTH (month, day, year) 6/18/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Batzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Batzer

(Address) 23 N High St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6-3 ..., 193..

19. UNDERTAKER Leo G. Cook

(Address) 1723 N Patterson Park Ave

Huntington Williams M.D.

20. FILED 6-3-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/19/33, 19..., to 6/2, 1933

I last saw him alive on 6/2, 1933. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	1 mo. ago

Other contributory causes of importance:

Lobar pneumonia both	12 hrs.

Operation Gastrostomy 5/14/33 Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm Bowie Schaefer M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90930

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Ellwood Ave. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY CHRISTIAN KURTZ

(a) Residence: No. 134 S. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kurtz

6. DATE OF BIRTH (month, day, year) Feb. 17. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 037

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christian Kurtz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Rienke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Kurtz (Son)
(Address) 625 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date June 5, 1933
Place

19. UNDERTAKER Henry Sander & Sons. Inc.
(Address) Baltimore & Broadway.

20. FILED Huntington Wilkinson, M.D. Registrar.

3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933 to June 2, 1933

I last saw him alive on June 2, 1933. Death is said to have occurred on the date stated above, at 9.35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	3 yrs
Other contributory causes of importance:	
Hypostasis	1 yr.

Name of operation None Date of -

What test confirmed diagnosis Phys. signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. L. Neer M. D.

6/3/33 (Address) 408 St Paul Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90931

CERTIFICATE OF DEATH.

108 E 90931

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 N. Bruce ST. 19-01 WARD)

2-FULL NAME Katie Randall

(a) RESIDENCE NO. 32 N. Bruce St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Randall

6 DATE OF BIRTH (month, day, and year) Sept 10, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	58	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West River Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) West River Md
(State or country)

12 MAIDEN NAME OF MOTHER Katie Johnson

13 BIRTHPLACE OF MOTHER (city or town) West River Md
(State or country)

14 Informant Lillie Bennett
(Address) 32 N Bruce St

15 Filed JUN 3 - 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1-33

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to June 1, 1933, that I last saw h.e alive on June 1, 1933, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. Miles Williams M. D.

6-2 1933 (Address) 1 E Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL June 4, 1933

20 UNDERTAKER Mrs. Katie P. Williams

ADDRESS 322 N. Schroeder St.

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90932

90932

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 W. Fairmount Ave. St., 19-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie E. Wilson. (C)

(a) Residence: No. 1535 W. Fairmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed or divorced — HXXXXXXXXX (or) WIFE of George Wilson. (C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	------	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country) Rock Hall, Md.

FATHER

13. NAME ------- Harris. (C)

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT George Wilson. (C) husband.
(Address) 1535 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion / Date June 5, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St. Huntingtor Williams, Inc.

20. JUN 3 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 Death is said to have occurred on the date stated above, 12.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation No. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M Reinhardt M. D.
Coroner

6/2/33 (Address) 1217 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Last statement of

M. D. B. 1263-9

90933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90933

CERTIFICATE OF DEATH

54-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Buschmann (Mary Teresa Buschman)

(a) Residence: No. 3504 Gibbons Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 9, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Herman Buschmann

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Kramer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. M. Deck-Seiler

(Address) 100-E-22-St (City)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date June 5, 1933

19. UNDERTAKER Stewart Monk & Sons Inc

(Address) 1830 Madison Ave

20. FILED JUN 3 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933 to June 2, 1933

I last saw h[illegible] alive on June 2, 1933 Death is said to have occurred on the date stated above, at 1.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	1913?
Cerebral hemorrhage	May 27 1933

Other contributory causes of importance:

Bronchopneumonia	June 1

Name of operation None Date of —

What test confirmed diagnosis? Tumor Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Goodman M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90934 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90934

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 N Charles St., 12 Ward)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

57 8 19

2. FULL NAME Miriam Leary Glass

(a) Residence: No. 2212 N Charles St. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Talbott Glass

6. DATE OF BIRTH (month, day, year) Sept 14 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
57	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Cornelius L. L. Leary

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rebecca Stocksdale

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Mr. C. Talbott Glass

(Address) 2212 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date June 3 1933

19. UNDERTAKER Stewart Funeral Co

(Address) 128 W Mosher ave.

FILED JUN 3 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18 1933 to Jun 2 1933

I last saw her alive on Jun 1 1933 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Long standing Bronchitis	

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. N Pearce M. D.

(Address) 2105 Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 90935

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie J. Gussler

(a) Residence: No. 436 John St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert A. Gussler

6. DATE OF BIRTH (month, day, year) May 20 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	✓	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (month and year) Jan 1923

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillian Rothman
(Address) 2203 Baker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date June 5 1933

19. UNDERTAKER Chas. P. Grand Son
(Address) 1517 N. Payson Ave

FILED JUN 3 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13 1933 to June 2 1933

I last saw h... alive on June 2d 1933 Death is said to have occurred on the date stated above, at 11:30 a.m. P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis Metastatis from Breast	Jan 1933

Other contributory causes of importance:
Carcinoma of Breast 2 yrs ago

Name of operation Oct 1931 Date of
Amputation R. Br. Breast
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Rudolph J. Schork M. D.
(Address) 1418 Eutaw Place.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90936 E 90936

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital — Registered No. V 56

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Helen Green

(a) Residence: No. 1522 Hanstead St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Milliard Green

6. DATE OF BIRTH (month, day, year) Nov. 16 1906

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26	7	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Wittling

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Mary Pollock

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Prairie Cem. Date June 5 1933

19. UNDERTAKER Wm. C. Blake & Son

(Address) 2211 Pennsylvania Ave.

20. FILED 3-1933 Huntington Wallace, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-26-1933 to 6-2-1933

I last saw her alive on 6-2-1933 Death is said to have occurred on the date stated above, at 12:15 AM

The principal cause of death and related causes of importance were as follows: — Date of onset

Endocarditis

Rheumatic fever

Other contributory causes of importance:

Septicemia

Hemolytic Strep

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. C. Blake & Son M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 90937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90937

CERTIFICATE OF DEATH

71-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-01 WARD)

2. FULL NAME Rachel L. Kirk

(a) RESIDENCE NO. Home for Incurables ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2o yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	29	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rising Sun Cecil Co. Maryland

PARENTS

10 NAME OF FATHER John Kirk

11 BIRTHPLACE OF FATHER (city or town) Rising Sun (State or country) Cecil Co, Maryland

12 MAIDEN NAME OF MOTHER Margaret L. Crowther

13 BIRTHPLACE OF MOTHER (city or town) Rising Sun (State or country) Cecil Co. Maryland

14 Informant Hospital Records
(Address) 40th Street & Fairview Rd

15 Filed JUN 4 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1933

17

I HEREBY CERTIFY, That I attended deceased from July, 1931, to June 3, 1933

that I last saw h[illegible] alive on June 2, 1933

and that death occurred, on the date stated above, at 12[05] P. M.

The CAUSE OF DEATH* was as follows:

Pernicious anemia with spinal cord degeneration.

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood count.

(Signed) A Hanford Hopkins M. D.

, 19 (Address) 214 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rising Sun Md. DATE OF BURIAL: June 7 1933

20 UNDERTAKER: J. E. Tyson ADDRESS: Rising Sun Md.

TION is very important. See instructions on back of certificate.

E 90938

E 90938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 46

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 2501 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr George Herrel

(a) Residence: No. Reedville, Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Herrel

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ot

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rosa Ferrel
(Address) Reedville, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Ferry Agatha Va Date June 4 . 1933

19. UNDERTAKER Martin Bates & Sons
(Address) 1825 Pennsylvania Ave

FILED JUN 4 - 1933 Huntington Williams Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14 . 1933, to June 3 . 1933.
I last saw him alive on June 3 . 1933. Death is said to have occurred on the date stated above, at 12 55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Carcinoma of abdominal wall	

Other contributory causes of importance:

Carcinomatosis
Sigmoid obstruction

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert W. Allison M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90939

HEALTH DEPARTMENT—CITY OF BALTIMORE

90939

CERTIFICATE OF DEATH

T 45

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. William Winkler

(a) Residence: No. Tollydowld Lane, Md St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Augusta

6. DATE OF BIRTH (month, day, year) Feb. 23, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68 ~~70~~	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Winkler

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Teana Freeman

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lebr. Friendship Date June 4, 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E. Baltimore St.

JUN 4 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933, to June 1, 1933.

I last saw h[illegible] alive on June 1, 1933. Death is said to have occurred on the date stated above, at 8 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lip c. metastasis to Cervical glands.	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank R. Stephenson, M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

90940

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

V117-001 E 90940

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 Merrymount Rd ST. 77-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Edmund W. Herndon

(Residence in Baltimore: No. 30 Merrymount Road)

(Age 70 yrs. 0 mos. 21 ds.)

Dr. Jesse Herndon

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: May (Month) 14 (Day) 1863 (Year)

7-AGE: 68 yrs. 0 mos. 20 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): none none

9-BIRTHPLACE (State or country): Lynchburg Va

PARENTS

10-NAME OF FATHER: William T. Loyd

11-BIRTHPLACE OF FATHER (State or country): Lynchburg Va

12-MAIDEN NAME OF MOTHER: Lucy J. Crumpton

13-BIRTHPLACE OF MOTHER (State or country): Lynchburg Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Husband Edmund W. Herndon

(Address) 30 Merrymount Rd Baltimore Md

15-

Filed JUN 4 - 1933 191

Huntington Williams, M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 6/3 (Month) (Day) 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/3 1933, to, 6/3 1933, that I saw h[illegible] alive on 6/3 1933, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilation of Myocardial Degeneration

(Duration) yrs. 3 mos. ds.

Contributory (SECONDARY) Gall Bladder Disease Chronic

(Duration) 30 yrs. mos. ds.

(Signed) Henry D. Corridon

6/3 1933 [Address] 1 Upland Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. about 21 mos. ds. In the State 30 yrs. about mos. ds.

Where was disease contracted, if not at place of death? In Lady Lind Balti in Summer

Former or usual residence Ft. Daytona Fla winter Ft. Daytona Fla

19-PLACE OF BURIAL OR REMOVAL: Lynchburg Va

DATE OF BURIAL: June 7 1933

20-UNDERTAKER: Edward Howard

ADDRESS: 1031 W. Mt.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 90941

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S Grundy St., 26-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam J Boos

(a) Residence: No. 627 S Grundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Feb 11 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William C Boos

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Hubbard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm C Boos
(Address) 627 S Grundy St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date June 6" 1933

19. UNDERTAKER Geo M Smith & Son
(Address) 811 Pulaski St Huntington Williams, W Va

20. FILED JUN 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal shot to head	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury June 1 1933

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot of head

Nature of injury Shot

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) C C Heagy MD M. D.
Coroner

(Address) 1351 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90942

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90942

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunacy Hospital St. 19-21 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Foyle

(a) Residence: No. 219 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Howard Foyle

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary F Allen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Howard Foyle

(Address) 219 Hollins St

18. BURIAL, CREMATION OR REMOVAL

Place Woodlawn Pk Date 6/5 19..

19. UNDERTAKER Geo H Lemmert

(Address) 525 N Eutaw St

20. FILED 19.. Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 2, 1933

I last saw h.. alive on June 2, 1933. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1 wk
Other contributory causes of importance: Pneumonia	1 day
	1 day

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Snowden Jr M. D.

(Address) Lunacy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6-5-1933

M. D. B. 1268-9

E 90943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90943

CERTIFICATE OF DEATH

V 164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Ridgewood St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Graham Penn

(a) Residence: No. 2914 Ridgewood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) July 5-1875

7. AGE — Years 57 | Months 10 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Penn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Lee

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jos Penn

(Address) 3902 Bonna Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Wilson Cem Date 6/4/33 19

19. UNDERTAKER Hart & Lewis Co.

(Address) 1439 E. Balto St.

FILED 6-4-1933 Huntingtown Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Suicide by Illuminating Gas

Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 90944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90944

CERTIFICATE OF DEATH.

131 ✓ REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3315 Crossland Ave ST. 8-91 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin H. Ennis Jr.

(a) RESIDENCE NO. 3315 Crossland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma E. Ennis

6 DATE OF BIRTH (month, day, and year): May 18-1891

7 AGE: Years 42 | Months — | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Builder
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wilmington Del

PARENTS

10 NAME OF FATHER: Benj. H. Ennis Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Jennie Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Delaware

14 Interment (Address): Mrs Emma E. Ennis 3315 Crossland Ave

15 Filed JUN 4 - 1933 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3-1933

17
I HEREBY CERTIFY, That I attended deceased from Nov. 18 - , 1932 to June 3 - , 1933
that I last saw him alive on June 2 - , 1933
and that death occurred, on the date stated above, at 4 15 A m.

The CAUSE OF DEATH* was as follows:
Bacterial endocarditis. (Mitral Coronar insufficiency, aortic and Chronic parenchymatous nephritis
(My knowledge (duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Infected teeth, abscess
(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No —
What test confirmed diagnosis? Clinical & Laboratory
(Signed) J. Howard Brown M. D.
(Address) 2125 Maryland Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery | DATE OF BURIAL: June 5th 1933

20 UNDERTAKER: R. Ortmann & Son | ADDRESS: 2244 N. Charles St

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 90945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90945

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Waters

(a) Residence: No. 218 E. 23rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) May 4-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	-	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) 2 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Waters

(Address) 218 E. 23rd

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 4 . 1933

19. UNDERTAKER R. A. Elliott

(Address) [illegible]

FILED JUN 4- 1933 , 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90946

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5801 Halwyn Ave. Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ernestine Gray

(a) Residence: No. 5801 Halwyn Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Gray

6. DATE OF BIRTH (month, day, year): Aug. 9, 1854

7. AGE: Years 78 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Church Creek Md

FATHER

13. NAME: Obidiah Lee

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Nellie Gardner

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Harry Gray
(Address) 5802 Gwynns Falls Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Church Creek Md Date: 6/5 1933

19. UNDERTAKER: Tilburn Cook Co
(Address) 1217 E. Fort Ave

20. FILED: JUN 4 - 1933 Huntington Wilkes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to June 3, 1933.

I last saw h... alive on June 3, 1933. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	1930
Adenoma of thyroid gland	1920
Chr Interstitial Nephritis	1930
Other contributory causes of importance:	
Acute cardiac dilatation	1933

Name of operation ✓ Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) D. V. Bishop, M. D.

(Address) 501 Aberdeen Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90947 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90947

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4604 Sinsa Ave St. Belair Rd Ward) Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose G. Braun

(a) Residence: No. 4604 Sinsa Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 27 85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Karl Braun

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Barbara Tenbergen
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Cem Date 6-5 33

19. UNDERTAKER Leopold J. Ruth
(Address) 1201 Hanford St

Huntington Williams Undertaker

25. FILED JUN 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20th 1933 to June 2nd 1933

I last saw h[illegible] alive on June 2nd 1933 Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	?
Cardiac Dilatation	5-20-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George B. E. Cross M. D.

(Address) 28 W 25th St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

E 90948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90948

108v

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 E. Bond St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Newborn

(a) Residence: No. 36 E. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Betty Newborn

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52y.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on building

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation 37yrs

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Robert Newborn

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hubert Newborn

(Address) 44 E. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmill Cem Date June 3 1933

19. UNDERTAKER Edw. Bryan

(Address) 1631 Orleans St

20. FILED JUN 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28 1933 to June 27 1933

I last saw him alive on June 27 1933 Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 25

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard L. Eccleston M. D.

(Address) 1734 E. Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE B 90949

B 90949

CERTIFICATE OF DEATH

46V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Scott St. 21-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth C. Geller

(a) Residence: No. 1006 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1878

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Geller

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine Bing.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Caroline E. Kimmel

(Address) 1006 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date June 5 1933

19. UNDERTAKER Mr. & Mrs. John H. Triefel & Son

(Address) 801 W. Fayette St.

FILED JUN 4 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10th . 1933 to June 7 . 1933

I last saw h[illegible] alive on June 2 . 1933 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver.	Autumn
Other contributory causes of importance: Streptococcus infection of lymphatic glands of neck.	5 days.

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Winfred . M. D.

(Address) 2901 Edmondson Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 90950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90950

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3926 Reisterstown Rd. Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 42 yrs. ... mos. ... ds.

2. FULL NAME Lena H. Singer

(a) Residence: No. 3926 Reisterstown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elias D. Singer

6. DATE OF BIRTH (month, day, year)

7. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Antonius Phillipsen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Sarah ...

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Elias D. Singer

(Address) 3926 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Levy Run Date 6-5-33

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto St

20. FILED ... 19 ... Registrar.

JUN 4 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3-33, 19

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to June 3, 1933.

I last saw h[illegible] alive on June 3, 1933. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
Bowel.	
Other contributory causes of importance:	
Metastasis.	
Cardiac failure	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nathan H. Shaw, M. D.

(Address) 235 E. Saratoga St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Augustine deRussy Sappington

90951

HEALTH DEPARTMENT—CITY OF BALTIMORE 90951

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 293 Cathedral St. 12-01 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustine deRussy Sappington

(a) Residence: No. 293 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M. Sappington

6. DATE OF BIRTH (month, day, year) Feb 24 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Nicholas John Sappington

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

MOTHER

15. MAIDEN NAME Harriet Thompson Tilney

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Augustine deRussy Sappington

(Address) 293 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 5 1933

19. UNDERTAKER Henry J. Menken Sons

(Address) Eutaw & Lanvale Sts.

20. FILED 19 Registrar.

6-4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3d 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2nd 1933 to June 3d 1933

I last saw him alive on June 3d 1933. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion with angina & Lobar edema	June 2nd

Other contributory causes of importance:

Hypertension arteriosclerosis with frequent attacks of angina pectoris for more than 20 years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. Van Ness M. D.

(Address) 1515 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 90952

90952

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Christian St. 20-01 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J Hammon

(a) Residence: No. 1903 Christian St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Hammon

6. DATE OF BIRTH (month, day, year): Jan 21 1881

7. AGE: Years 52 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Harry J Hammon

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Mayer

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Elizabeth Hammon
(Address) 1903 Christian

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: 6/5, 1933

19. UNDERTAKER: Joyce A Farley
(Address) Fulton & Fayette

20. FILED: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1933, to 6/2, 1933.

last saw h/e alive on 6/1, 1933. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation & pulmonary edema	1 day.
Other contributory causes of importance: General arteriosclerosis	?
Acute alveolar epulitis	10 days

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Andrew E. Calas, M. D.

(Address) 417 N. Fulton Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 7 - 1933

E 90933

E 90953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 6-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Ittner

(a) Residence: No. 439 N. Curley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Ittner

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 5 1933

19. UNDERTAKER John C. Miller
(Address) 2233 E. Oliver St

20. FILED JUN 4 - 1933 by Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18 1933 to June 2 1933

I last saw her alive on June 2 1933 Death is said to have occurred on the date stated above, at 1.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Intercurrent Senility	

Other contributory causes of importance:

Name of operation / Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90954

CERTIFICATE OF DEATH

107-001

Registered No. 10-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 E. Eager St., 10-01 Ward)

Length of residence in city or town where death occurred 86 yrs. 11 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank A. Edelmann

(a) Residence: No. 1204 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Edelmann

6. DATE OF BIRTH (month, day, year) July 1st 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Valentine Edelmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Teresa Miller

(Address) 1204 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 6 1933

19. UNDERTAKER Henry Stockstrom Inc

(Address) 301 E Eager St

Huntingdon Williamsport Pa.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933 to June 2, 1933

I last saw h[e] alive on June 2 - 1933 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Bronchopneumonia	June 3

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas J. Conan M. D.

(Address) 11 E Chase St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90955 HEALTH DEPARTMENT—CITY OF BALTIMORE 90955

CERTIFICATE OF DEATH

X 181

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-01 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Sarah Bull

(a) Residence: No. Whitehall Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James Bull.

6. DATE OF BIRTH (month, day, year) Nov. 6. 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037 Private (Family)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Mitchell

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Sarah Bull

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs. Jamo C. Bull (Address) Whitehall Md

18. BURIAL, CREMATION, OR REMOVAL Place West Liberty Date June 6 1933

19. UNDERTAKER P. Markliston & Son (Address) Whitehall Md

RECEIVED JUN 5 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/30/33 . 19 ... to 6/4/33 . 19 ...

I last saw her alive on 6/4/33 . 19 ... Death is said to have occurred on the date stated above, at 11:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
First + Second degree burns of entire body	5/30/33
Other contributory causes of importance:	
Toxemia	"
injection of burned areas	"

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/30/33 19 ...
Where did injury occur? Whitehall, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, In home, or In public place Home
Manner of injury Explosion of an oil stove
Nature of injury 1st. 2nd degree burns of body.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John C. Sumwalt M. D.
(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 90956

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ. Hosp. Ward) 20-1

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Duriaut or Jim Costello.

(a) Residence: No. 374 Mount Olivet Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. D'Amario
(Address) 374 Mount Olivet Lane

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 5 1933

19. UNDERTAKER Geo. J. Ruth Sye. Mary T. Ruth
(Address) 1735 Harford Ave.

20. FILED JUN 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to June 3, 1933

I last saw him alive on June 3, 1933 Death is said to have occurred on the date stated above, at 4.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-31-33
Other contributory causes of importance: Generalized arteriosclerosis	Unknown
C hypertension.	
Bronchopneumonia	6-2-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. Savage, M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90957 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90957

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Burnett St. 24-04 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Dorgan

(a) Residence: No. 103 Burnett St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or WIFE of) Cassie Dorgan

6. DATE OF BIRTH (month, day, year) Feb 11th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Gustavus Dorgan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas. D. Taylor

(Address) 103 Burnett St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 6th, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, Mgr

JUN 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to June 2 1933

I last saw him alive on June 2 1933 Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cardiac Thrombosis	6 days 1933
Other contributory causes of importance: Chronic Nephritis	1932
& Prostatitis	1932

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. F. Hawkins M. D.

(Address) 1 E Randall St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

90958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90958

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Psychopathic Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Pfeiffer

(a) Residence: No. 4206 Academy Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~, or divorced WIFE of ~~HUSBAND~~ of Lillie May Pfeiffer

6. DATE OF BIRTH (month, day, year) Jan 4th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob George Pfeiffer

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Lydia A. Bradford

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillie Pfeiffer

(Address) 4206 Academy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 7th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 5-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/3/33 . 19 to 6/4/33 . 19

I last saw him alive on 6/4/33 . 19 . Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Psychosis with cerebral arteriosclerosis.	
Generalized arteriosclerosis.	
Senility.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert A. Reiter . M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Bowley

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90959

CERTIFICATE OF DEATH

174 E 90959

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Bowley

(a) Residence: No. 1840 Lemmon St Ward.

(Usual place of abode) (If non-resident give city or town and State)

1840 Lemmon St

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years 55 (56) Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Died

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Margaret Worth

(Address) 1464 W. Pratt

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date 6-6 ... 1933

19. UNDERTAKER Geo. M. Spencer

(Address) 1500 E. Monument St

20. FILED JUN 6 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Homicide — Date of onset

Multiple Fractures of Skull

Other contributory causes of importance:

but with ax

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? Rear 1840 Lemmon (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leroy Smith, M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90960 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90960

MV

210-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Ward)
Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter S. Routson
(a) Residence: No. 2238 N. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $6
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME H. Maurice Routson
14. BIRTHPLACE (city or town) (State or country) Uniontown Maryland

MOTHER
15. MAIDEN NAME Priscilla Snyder
16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

17. INFORMANT W. W. Routson
(Address) 2238 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 5, 1933

19. UNDERTAKER F. B. Keppert & Son
(Address) 1300 Eutaw Place

RECEIVED ..... 19.. Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from unquy . 19 . to . 19
I last saw h alive on unquy . 19 Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	5/2/33
Cerebral Embolus	6/2/33
Other contributory causes of importance:	
Automobile Accident	5/31/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/31, 1933
Where did injury occur? Washington Rd nr Savage
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Auto in which he was
Nature of injury riding ran off road

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.
Coroner
(Address) 2260 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

UN 5-

M. D. B. 1268-0

E 90961 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90961

CERTIFICATE OF DEATH

X 127

Registered No.

1. PLACE OF DEATH In or Balto. Gen. Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Runnymede & Dukeland St.) (Ward) 3-21

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Alice Mitchell

(a) Residence: No. 2592 Druid Pk. Drive Ward. Pikesville Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Mitchell

6. DATE OF BIRTH (month, day, year) July 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Nathaniel Breth

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rufus L. Mitchell
(Address) 2592 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia, Pa. Date June 5, 1933

19. UNDERTAKER J. Leroy Stiffler, Inc.
(Address) 1309 E. Northside
Huntingtown Williams Reg. No.

JUN 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-7-, 1933 to 6-2, 1933

I last saw her alive on 6-2, 1933 Death is said to have occurred on the date stated above, at 1.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured empyema of gall bladder	
Subhepatic abscess	
Other contributory causes of importance:	
Pylephlebitis	

Name of operation Cholecystectomy Date of 5-16-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Mendelsohn M. D.

(Address) W. Balt. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90962 ✓ E 90962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunacy Hospital St. 21-91 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Heiligman

(a) Residence: No. 1212 Cleveland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1874.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 160

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mrs. Mary Heiligman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Heiligman
(Address) 1212 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date June 5, 19 33

19. UNDERTAKER Harry H. Weitzke
(Address) 1 E. Lexington St.

FILED ..... 19 ..... Registrar.

N 5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-25-33. 19 ..... to 6-2-33. 19 .....

I last saw him alive on 6-2-33. 19 ..... Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	?
Contributory causes of importance:	
Mediastinal abscess	?
Bronchial pneumonia	5-25

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) L. P. Thwaite, M. D.

(Address) Lunacy Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-31 2508

E 90963 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 49 E 90963

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Batavia St. 37th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Meisenhalter

(a) Residence: No. 3300 Batavia Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year): Sept 8 1879

7. AGE: Years 53 | Months 9 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Stone
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 021
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER
13. NAME: Simon Herkow
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Mary Protzman
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Pauline Meisenhalter
(Address) 3300 Batavia ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date June 7 1933

19. UNDERTAKER: Jos J Stevenson
(Address) 1756 N Fulton ave

20. FILED JUN 5 1933 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933, to June 3, 1933

I last saw h[illegible] alive on June 3 1933, death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Ovary	about 6 mos.

Other contributory causes of importance:

Cardiac - renal disease Chronic	5 yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank J. Ayd, M. D.

(Address) 2005 E. Monument St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90964

90964

CERTIFICATE OF DEATH

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3154 Ellerslie ave St., 9-01 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dora A Grabner

(a) Residence: No. 3154 Ellerslie ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John N Grabner

6. DATE OF BIRTH (month, day, year) Jan 5th 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. athome

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ferdinand Krummelbein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frieda Lorenz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John N Grabner
(Address) 3154 Ellerslie ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date June 5, 1933

19. UNDERTAKER John Uelrich
(Address) 2008 Eutaw St Huntington Williams, Mgr

20. FILED JUN 5 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 33, to June 2, 33

I last saw her alive on June 2 33, death is said to have occurred on the date stated above, at 8.15 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Metastasis	
Carcinoma of Breast	

Other contributory causes of importance:

Name of operation Remova Breast Date of 1931

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J Ross Insley M. D.

(Address) 2836 E Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 90965 HEALTH DEPARTMENT—CITY OF BALTIMORE E 90965

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Norfolk Ave St. 15-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Cohen

(a) Residence: No. 3810 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abe Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework, 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Aaron Rosenbaum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Cecelia —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abe Cohen
(Address) 3812 Norfolk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Dale Mem'l Date 6-6 1933

19. UNDERTAKER Jack Kaye Inc
(Address) 1429 E. Baltimore St.
Huntington Hallmarker, Md.

20. FILED JUN 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5- 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to June 4 1933
I last saw h.. alive on June 4 1933. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Prog 1933
Other contributory causes of importance:	
Diabetes, mellitus.	1920

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Samuel Levine, M. D.

(Address) 1111 Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JN 5 - 1933

M. D. B. 1268-9

90966

HEALTH DEPARTMENT—CITY OF BALTIMORE

90966

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Watner

(a) Residence: No. 3510 Liberty Heights St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Watner

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harris Rogers

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kattis —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Watner

(Address) Overlook Road, Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Nebo Cem. Date 6-5- 1933

19. UNDERTAKER Jack Lewis Inc

(Address) 1731 E. Baltimore St.

FILED JUN 5 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933 to June 5, 1933

I last saw her alive on June 5, 1933. Death is said to have occurred on the date stated above, at 6 1/2 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1 week
Purpura Hemorrhagica	10 days

Other contributory causes of importance:

Myocardial Degeneration

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur Robert Cohen, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 90967.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90967.

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Woodington Rd. 16-01 Ward)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emil Erni

(a) Residence: No. 637 Woodington Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel Erni

6. DATE OF BIRTH (month, day, year): July 19, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Schaeffer & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Emil Erni

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Bertha Ekmeier

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Cecelia Reffner

(Address) 637 Woodington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cem. Date: June 5 1933

19. UNDERTAKER: Wm. Wickens Sons

(Address) North & Pa aves.

FILED: 6-5-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933 to June 2, 1933.

I last saw him alive on June 2, 1933. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 2

Other contributory causes of importance:

Arteria Sclerosis

Name of operation None Date of —

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theo. A. Schneider M. D.

(Address) 3614 Harford Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1268-9

90968 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ME 90968

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital St., 27 Ward)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ann McCord

(a) Residence: No. 4720 Kenwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marshall A. McCord

6. DATE OF BIRTH (month, day, year) May 21, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bolto. Md.

FATHER

13. NAME Wm McMahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Neely

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Marshall A. McCord (Address) 4720 Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Mem. Date June 6 1933

19. UNDERTAKER Wm. H. Kieser & Sons (Address) North & Pennsylvania Ave

20. FILED JUN 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 to May 19 Death is said to have occurred on the date stated above, at m.

I last saw h alive on

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock

Date of onset

Other contributory causes of importance:

automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 6/3 1933

Where did injury occur? Hatfield Ave & Cold Spring Lane
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident.

Manner of Injury Auto in which she was riding collided with another

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2250 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Blks

E 90969 HEALTH DEPARTMENT—CITY OF BALTIMORE E90969

CERTIFICATE OF DEATH. 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1837 Clifton Ave (WARD) 15-01

2-FULL NAME George Sidney Day

(a) RESIDENCE No. 1837 Clifton Ave ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? 32 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of Mary Ann Day

6 DATE OF BIRTH (month, day, and year) March 16 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurateur 086

(b) General nature of industry, business, or establishment in which employed (or employer) food handler

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) London England

PARENTS

10 NAME OF FATHER Joseph Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Swindon England

12 MAIDEN NAME OF MOTHER Amelia Emma Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London England

14 Informant Mrs Mary Ann Tyreeker Day (Address) 1837 Clifton Ave

15 Filed ..... 19.. Huntington Wallace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1933

17

I HEREBY CERTIFY, That I attended deceased from July . 1931 . to June 3 . 1933

that I last saw him alive on June 3 . 1933

and that death occurred, on the date stated above, at 1 25 A.m.

The CAUSE OF DEATH* was as follows:

Cardio Respiratory Paralysis & mild uremic poisoning.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Arterio Sclerosis (duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & Chemical tests & examinations

(Signed) J. V. Clise M. D.

6/3. 1933 (Address) 3532 Chestnut Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Gdns DATE OF BURIAL June 5 1933

20 UNDERTAKER Wm J Tuckner & Sons ADDRESS North & Pr

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 5 - 1933

M. D. B. 1268-9

E 90970

E 90970 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp. St., 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Johnson

(a) Residence: No. 561 Moore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col'd | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1887

7. AGE: Years 46 | Months — | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) May

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Arthur

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Arthur
(Address) 561 Cancelled Moore St

18. BURIAL, CREMATION, OR REMOVAL
Place NW Calvary Date June 5 33

19. UNDERTAKER Crandall & Geddes
(Address) 2707 W Balto St

20. FILED JUN 5 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on May 27 19 33 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
3 months	
Uremia Convulsions	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner M. D.
(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1307

E 90971

✓ E 90971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3603 Buena Vista Ave. (St.) 13 (Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert F. Kaifer

(a) Residence: No. 3603 Buena Vista Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Kaifer

6. DATE OF BIRTH (month, day, year): June 29-1865

7. AGE: Years 67 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist (31)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 10 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

FATHER

13. NAME: James Kaifer

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Mullen

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Rev. James B. Kaifer
(Address) St. Edwards Rectory

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: June 6 1933

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

FILED ... 19... Registrar.

JUN 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to June 3 1933

I last saw him alive on June 3 1933. Death is said to have occurred on the date stated above, at 6.55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension	
Arteriosclerotic Disease	

Other contributory causes of importance:

Myocardial Failure	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓

(Signed) Chas F. Coughlin M. D.

(Address) 3701 Roland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90972 | E 90972

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2831 Montebello Terrace ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline Burger.

(a) RESIDENCE NO. 2831 Montebello Terrace ST., 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb-9-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3.	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Charles Burger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Burger (Sister)

(Address) 2831 Montebello Terrace

15 Filed JUN 5 1933, Huntington Hicks Registrar

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2nd 1933

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to June 2, 1933,

that I last saw h[illegible] alive on June 1, 1933

and that death occurred, on the date stated above, at 10 20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Chas Smith, M. D.

June 5, 1933 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL June 6 1933

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90973

E 90973

CERTIFICATE OF DEATH

93-002

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Bolton St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Bush

(a) Residence: No. 339 St. Paul Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	negro	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Bush (deceased) Died: July 3, 1884

6. DATE OF BIRTH (month, day, year) July 13, 1884

7. AGE	Months	Days	If LESS than 1 day, hrs. or min.
42 yrs.	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Wm Bush

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Martha Pinkney

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date 6-5-1933

19. UNDERTAKER Edward Eccles

(Address)

20. FILED JUN 5 - 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1933

22. I HEREBY CERTIFY That I attended deceased from June 1 1933 to June 3 1933

I last saw him alive on June 1 1933 Death is said to have occurred on the date stated above, at 11.30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Subacute Glomerulo nephritis	?
Subarachnoid hemorrhage	3 days

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

6-3-33 (Signed) Ellen Higgins, Jr. M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90974

HEALTH DEPARTMENT—CITY OF BALTIMORE E 90974

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 Fleetwood Ave St. 27-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joan Ann Dunlap

(a) Residence: No. 3031 Fleetwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 7th 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Oscar M. Dunlap

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Kathryn Carton

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Oscar M. Dunlap
(Address) 3031 Fleetwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date 6/5/ 1933

19. UNDERTAKER E. I. Fanning & Son
(Address) 1938 E. Lafayette Ave.

FILED JUN 5 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27 1933 to June 3 1933

I last saw h.. alive on June 2 1933 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	May 13

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) John A. Buchness M. D.

(Address) 375 S. Stricker St.

E state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. & B. No. E 90975

E 90975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2922 Berwick Ave. (St.) 27-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME ANDREW POTEET

(a) Residence: No. 2922 Berwick Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Poteet

6. DATE OF BIRTH (month, day, year) May 8, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 166

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jesse Poteet

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Marie France

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Catherine Poteet (wife)

(Address) 2922 Berwick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date June 6, 1933

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore St. & Broadway.

JUN 5 - 1933

Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931 to June 3, 1933

I last saw him alive on June 2, 1933 Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Carcinoma of Bladder	Over 18 mos ago
Malnutrition (Toxemia)	4 mos

Other contributory causes of importance:

Name of operation Treated with Radium Tube inserted made in Head of Penis June 6/32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd City

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E.D. 90976 GAST ✓ E 90976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH Sadie Coby Hospital

CITY OF BALTIMORE: (No. ..... St. 25 01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Gast

(a) Residence: No. 6508 Fait Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Gast

6. DATE OF BIRTH (month, day, year): 2-19-1868

7. AGE: Years 65 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spioner, sawyer, bookkeeper, etc.: HW.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER

13. NAME: Carl Gast

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Eva Glupf

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Cemetery Date: June 8, 1933

19. UNDERTAKER: Henry South & Sons Inc

(Address) Baltimore St. & Broadway

FILED JUN 5 - 1933 19[illegible] Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1933 to 6-4, 1933

I last saw h. 24 alive on 6-4, 1933 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Rt Ovarian & Intestinal Lesion and peritonitis	1930

Other contributory causes of importance:

Post operative Shock

Name of operation Exploratory Operation Date of 6/1/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Sadie Coby Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 90977 E 90977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward) 24-21

Registered No. X 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 7 ds. How long in U. S. If of foreign birth? 30 yrs. [illegible] ds.

2. FULL NAME Mary Houdek.

(a) Residence: No. Glen Burnie, A. A. Co. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, XXXXXXXXXXXX (or) Wife of Joseph Houdek.

6. DATE OF BIRTH (month, day, year) January 8, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia.

FATHER

13. NAME Frank Buchta.

14. BIRTHPLACE (city or town) (State or country) Bohemia.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Joseph Houdek. (husband)
(Address) Glen Burnie, A. A. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date 6/7/33 19

19. UNDERTAKER W. E. Cook
(Address) 1247 N. Paca St.

20. FILED JUN 5 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ___ . 19 ___ to ___ . 19 ___

I last saw h___ alive on ___ . 19 ___ Death is said to have occurred on the date stated above, at 8.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	4/24/33
Endocarditis.	

Other contributory causes of importance:

Uraemia.	June 1st.
Glen Burnie G. C. Co. Md.	1933

Name of operation No. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner . M. D.
6/8/33 (Address) 1017 E. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Form 8-16-29—L. F. S.—100 Blks.

E 90978

E 90978

158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N Lafayette ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Pleasant

(a) RESIDENCE NO. 702 N Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 24 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Reeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nat. Va

12 MAIDEN NAME OF MOTHER Lucy Sellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lucy Sellers (Address) 702 N Lafayette

15 Filed JUN 5 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3/1933

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 3, 1933, that I last saw him alive on June 3, 1933, and that death occurred, on the date stated above, at 1045 A m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mal-assimilation of food (duration) yrs. 3 mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Fred Woolridge, M. D.

6/3, 1933 (Address) 703 N Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 6-5 1933

20 UNDERTAKER Dennis Easton ADDRESS 916 Eutaw

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Murden

E 90979 HEALTH DEPARTMENT--CITY OF BALTIMORE E 90979

CERTIFICATE OF DEATH. 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Druid Hill St. 14-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob S. Murden

(a) RESIDENCE NO. 1409 Druid Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud

6 DATE OF BIRTH (month, day, and year) Mar 6 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance agent

(b) General nature of industry, business, or establishment in which employed (or employer) C/11

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Aaron Murden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Maud Murden (Address) 1409 Druid Hill Ave

15 Filed JUN 5-1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1933

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to June 2, 1933, that I last saw him alive on June 2, 1933, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. B. Hughes, M. D.

June 9, 1933 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/6/1933

20 UNDERTAKER Mrs. George H. Kolla

ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Full statement of occupa-TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90980 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90980

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Brighton St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah E. Davis,

(a) Residence: No. 2900 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Davis,

6. DATE OF BIRTH (month, day, year) October 4, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Price,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Hudson,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles P. Davis

(Address) 2900 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date JUN 6 1933, 19

19. UNDERTAKER Robert S. Settle

(Address) 2700 Edmondson Ave.

20. FILED JUN 5 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 3 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1932 to June 3, 1933.

I last saw her alive on June 3, 1933. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	
Malignant Cachexia	

Name of operation none Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John N. Packard, M. D.

(Address) 1219 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 5 - 1933

M. D. B. 1268-9

90981

HEALTH DEPARTMENT—CITY OF BALTIMORE 90981

CERTIFICATE OF DEATH

v 48

1. PLACE OF DEATH Balto City Hospitals 3-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Petronella Budris

(a) Residence: No. 828 Hanby St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced (or) WIFE of: Frank Budris

6. DATE OF BIRTH (month, day, year): 4-10-1874

7. AGE — Years: 59 | Months: 1 | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Charles Pakulis

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Anna ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: June 6, 1933

19. UNDERTAKER: John Grebliunckas

(Address) #23 S. Paca St.,

20. FILED JUN 5 - 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1933 to 6-3, 1933

I last saw her alive on 6-3, 1933 Death is said to have occurred on the date stated above, at 4 10 Am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix	1929
& metastasis	
Secondary anemia	
Other contributory causes of importance:	
Bronchopneumonia	6/1/33

Name of operation: no Date of .....

What test confirmed diagnosis? C.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Schaefer M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

90982 HEALTH DEPARTMENT—CITY OF BALTIMORE 90982

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Mercy Hospital St., 4-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME George Markelonis

(a) Residence: No. 706 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~wife~~) of Mary Markelonis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER
13. NAME ? Markelonis
14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mary Markelonis
(Address) 706. W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 8, 1933

19. UNDERTAKER John Grebliauskas
(Address) 423. S. Paca St.

20. FILED ..... 19..... Registrar.

JUN 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/33, 19..... to 6/4/33, 19..... I last saw him alive on 6/1/33, 19..... Death is said to have occurred on the date stated above, at 5-00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	4/1/33

Other contributory causes of importance:

Name of operation Posterior Gastro-enterostomy Date of 5/24/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Dennelen, M. D.
(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 90983

Spec. No. 1935—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90983

CERTIFICATE OF DEATH.

REGISTERED NO. 46

1-PLACE OF DEATH

City of BALTIMORE: (No. 23 Augusta Ave. Ward 20-21)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann M. Woods

(a) RESIDENCE NO. 23 Augusta Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edward Woods

6 DATE OF BIRTH (month, day, and year): Feb. 14. 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	66	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Patrick Callen

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Mears

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Frank E. Woods

(Address) 4300 Old Frederick Rd.

15 Filed [illegible] Registrar

JUN 5 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 4 - 1933

17 I HEREBY CERTIFY, That I attended deceased from March 10 1923, to June 4, 1933, that I last saw her alive on June 4, 1933, and that death occurred, on the date stated above, at 3 - P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Feeble

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) John F. Ellison M. D.

, 19 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Date of Burial June 7 19 33

20 UNDERTAKER: Margaret E. Flynn ADDRESS 1107 N. Ha

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99384 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 99384

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby Girl Helbe

(a) Residence: No. 620 N. Payson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
9 hours 50 minutes			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0dd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Grover M Mitt.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary C. Mitchell.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Md Date June 5th 1933

19. UNDERTAKER .....
(Address)

JUN 5 - 1933 Huntington Williams Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2 1933 to June 3 1933

I last saw h.. alive on June 3 1933. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
35 Cm long & not sufficiently well developed to remain viable	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Alfred Vollum M. D.

(Address) St Agnes Hos

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90985 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 90985

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH Provident Hospital — Registered No. 11701

CITY OF BALTIMORE: (No. 1514 Dawson St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oscar Bethea

(a) Residence: No. 535 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No Record

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT None
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 5th, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED JUN 5 - 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1933 to 5-25, 1933.

I last saw he alive on 5-25, 1933 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-16-33

Other contributory causes of importance:
Hypertension Cardiac
Arteriosclerotic Renal Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. A. Harris M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 90986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90986

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Baltimore St. 2500 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 7 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mrs May E. Hintenach

(a) Residence: No. Woodside Ave. St., Ward. Hallethorpe, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wife of Mr. Bernard Hintenach

6. DATE OF BIRTH (month, day, year) Oct. 17, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
59	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lawrence Kreider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nickelbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bernard E. Hintenach

(Address) Woodside Ave. Hallethorpe.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/6 1933

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights Av

20. F... 19... Registrar.

5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-10-32 19.. to 6-2-33 19..

I last saw h.. alive on 6-2-33 19.. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Left heart Generalized metastasis with involvement all abd viscera & lung tones	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Van Arsdale M. D.

(Address) St. Agnes Hos

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

90987 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 90987

1. PLACE OF DEATH Baltimore City Hospital (Th.)

CITY OF BALTIMORE: (No. 6-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Benjamin Small

(a) Residence: No. 19 N. Caroline st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Small

6. DATE OF BIRTH (month, day, year) April 4, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Emmett Small

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Margaret Croffitt

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Md. Date June 5, 1933

19. UNDERTAKER

(Address)

Filed JUN 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933 to June 3, 1933

I last saw him alive on June 3, 1933. Death is said to have occurred on the date stated above, at 12.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90988

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th-) Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Troupe (Winfield Anderson)

(a) Residence: No. 1332 N. Calhoun st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Dublin Georgia

FATHER

13. NAME Sam Troupe

14. BIRTHPLACE (city or town) (State or country) Dublin Georgia

MOTHER

15. MAIDEN NAME Lona Montgomery

16. BIRTHPLACE (city or town) (State or country) Dublin Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 2, 19..

19. UNDERTAKER [illegible]
(Address)

[illegible] Registrar.

N 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1933 to May 31, 1933

I last saw him alive on May 31, 1933 Death is said to have occurred on the date stated above, at 11.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Plastic peritonitis, tuberculous	April 1931
Hydrothorax	April 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Bloom M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27306

E 90989

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Washington

(a) Residence: No. 1421 E Madison St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 12/3/1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emp on Singer's Truck 02

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med College Date June 5 1933

19. UNDERTAKER [redacted]

(Address) [redacted]

20. FILED June 5 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933 to May 27, 1933

I last saw him alive on May 27, 1933. Death is said to have occurred on the date stated above, at 10 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5/1/33
Glomerular nephritis	?
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carmichael Leighman M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90990 — CERTIFICATE OF DEATH — 108 E 90990

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine Hamplik

(a) Residence: No. 921 Ensor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced (or) WIFE of August

6. DATE OF BIRTH (month, day, year) April 10, 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Arnold Krown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Hetrau

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Family
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 6 1933

19. UNDERTAKER Frank Evacavich
(Address) 190 6 Eastend Av

20. FILED ... 19... Registrar.

JUN 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 3 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to June 3, 1933

I last saw h... alive on June 3, 1933. Death is said to have occurred on the date stated above, at 6:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lupus	May 31, 33

Other contributory causes of importance:

[illegible]	10/1/32

Name of operation ..... Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wendell L Elliott, M. D.

(Address) 9 W. 11.

M. D. B. 1268-0 — Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 90991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 90991

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 E. 33d St. St. 9-01 Ward)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Harper Pensel

(a) Residence: No. 1501 E. 33d St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Pensel

6. DATE OF BIRTH (month, day, year) Dec. 27, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Harper

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Margaret J. Houston

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William H. Pensel

(Address) 1501 E. 33d Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date 6/6 1933

19. UNDERTAKER Henry U. Myers & Son

(Address) 705 N. Gilbert St.

20. FILED JUN 5 1933 Clayton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933 to June 3, 1933

I last saw h[illegible] alive on June 3, 1933 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/2/33

Other contributory causes of importance:

Cardiac Hypertrophy

Chronic Nephritis

Chronic Pancreatitis

Name of operation ..... Date of .....

What test confirmed diagnosis Phys. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. V. Meyers, M. D.

(Address) 1500 E. 33d

Information should be carefully supplied. AGE should be given EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 5-1933

A&Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 90992 E 90992

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Hayward Av Ward) Registered No. 1933-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis E. Killeen

(a) Residence: No. 3500 Hayward Av Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 7 1895

7. AGE Years 38 | Months 3 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 4 4

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Francis Killeen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mcmullen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Francis Killeen

(Address) 3500 Hayward Av

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 6 6 1933

19. UNDERTAKER Patterson Funeral Home

(Address) 131 E Eager St

20. DATE OF FILING JUN 5-1933 Clayton Tilden, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1933, to June 3, 1933

I last saw h alive on June 2, 1933 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1928
Other contributory causes of importance	

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Lemer M. D.

6/5/33 (Address) Medical Arts Bldg - Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Boin

90993

90993 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospital — Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md 21-61 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Boin

(a) Residence: No. 1143 Cleveland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 070

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 6 1933

19. UNDERTAKER Eternal Keepers
(Address) 532 Park Ave

JUN 6 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1933 to 6-3, 1933

I last saw h alive on 6-3, 1933 Death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?
arteriosclerotic gangrene	?
Other contributory causes of importance: Cerebral hemorrhage into left ventricle	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-4-33 (Signed) Elmer Hisbergs M.D.

(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 90994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90994

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 Mc Mechen St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Lemmon.

(a) Residence: No. 100 Mc Mechen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 17 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Leroy Lemmon

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Agnes Galley

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Leroy Lemmon
(Address): 1021 Mc Mechen St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: June 6 1933

19. UNDERTAKER: Thos. R. A. Elliott
(Address): 824 Carolina St

20. FILED JUN 1933 Washington Wilkerson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of Heart

Date of onset: ...

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

90995 B 90995

CERTIFICATE OF DEATH

1. PLACE OF DEATH Providence Hospital — Registered No. 46

CITY OF BALTIMORE: (No. 1514 Druid Park Ave. St. 16-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Carter

(a) Residence: No. 1022 W. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Maria Carter 1022 W Stricker St

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Stevens

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jane Watts

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT ~~Thomas Carter~~ Maria Carter
(Address) 1022 W. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodberry Date 6-7, 1933

19. UNDERTAKER Jos. Sayers & Sons
(Address) 578 W. Baltimore

24. FILED JUN 3 1933 Huntington W. Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1933 to 6-4, 1933

I last saw him alive on 6-4, 1933. Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 mos
Other contributory causes of importance:	
Bronchial Pneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Harris M.D.
(Address) Providence Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

90996 23 90996

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 365 Winchester St. 12-a Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ema Green

(a) Residence: No. 305 Winchester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE~~ of) Ema Green

6. DATE OF BIRTH (month, day, year): 2/26/05

7. AGE: 27 Years | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER
13. NAME: Joseph Green
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Ema Jones
16. BIRTHPLACE (city or town) (State or country): Calvert Co. Md

17. INFORMANT (Address): Ema Green 305 Princeton Place

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Date 6/7 1933
Place

19. UNDERTAKER (Address): Samuel J. Hensley 528 N. Middle St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to June 5, 1933

I last saw him alive on June 3, 1933, death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Typhoid)

Date of onset: about Jan 1 1933

Other contributory causes of importance:

Acute Pneumonia Lobar (Typhoid)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. E. Hall, M. D.

(Address) 426 & 26 St. Paul Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90997.

CERTIFICATE OF DEATH

13 / E 90997.

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 353 South Fulton Ave St., 19-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dallas L. Chaney.

(a) Residence: No. 353 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Chaney.

6. DATE OF BIRTH (month, day, year) Aug. 3. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 93

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O RR

10. Date deceased last worked at this occupation (month and year) 25yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Co.

FATHER

13. NAME Mesin Chaney

14. BIRTHPLACE (city or town) Baltimore (State or country) Co.

MOTHER

15. MAIDEN NAME Ellen Berry.

16. BIRTHPLACE (city or town) Baltimore (State or country) Co.

17. INFORMANT Mary E. Chaney. (wife)
(Address) 353 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 7th 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

FILED JUN 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to June 3, 1933
I last saw him alive on June 3, 1933 death is said to have occurred on the date stated above, at 7. A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wallace A. Long, M. D.
(Address) 537 Mt. Edward Parkway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 90998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90998

CERTIFICATE OF DEATH

X 47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josh H. Groves

(a) Residence: No. College Park Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Ellie Groves

6. DATE OF BIRTH (month, day, year) Mar 11 1896.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36 years	6	24 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Groves

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Myrtle Randolph

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mercy Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date June 8 19 33

19. UNDERTAKER Gasch's Sons
(Address) Hadensburg Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13 1933 to June 5 1933
I last saw him alive on June 5th 1933 Death is said to have occurred on the date stated above, at 7 A P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Forgut.	
Other contributory causes of importance:	

Name of operation Laryngectomy Date of 4/26/33

What test confirmed diagnosis? Microscopical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Howard R. Zepp M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VUND-1933

AACo. 5-31-2005

E 90999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90999

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Balto Gen Hosp St., 23-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Frank Ray

(a) Residence: No. 32 Williamson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Ray

6. DATE OF BIRTH (month, day, year) Aug 15 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Ray

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Etta Ray
(Address) 37 Whetting St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem date June 6, 1933

19. UNDERTAKER Fred A Hamilton
(Address) 1216 E Chase St

20. FILED JUN 6 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1933 to 6-4, 1933

I last saw h... alive on 6-4 1933 death is said to have occurred on the date stated above, at 5:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	

Other contributory causes of importance:

Pyonephrosis
Cystitis
Chronic Myocarditis

Name of operation Supra pubic cystotomy Date of 6-3-33

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Muller, M. D.

(Address) St Balto Gen Hosp.

date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 91000 ✓ E 91000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Georgetown Blvd ST., 25-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresie Jarousek.

(a) RESIDENCE NO. 2825 Georgetown Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Jarousek

6 DATE OF BIRTH (month, day, and year): June 24 1855

7 AGE: Years 77 Months 11 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 37

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: John Jarousek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John Jarousek

(Address) 2825 Georgetown Blvd

15 Filed JUN 6 - 1933, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to June 3, 1933, that I last saw h alive on June 1, 1933, and that death occurred, on the date stated above, at 7:06 a m.

The CAUSE OF DEATH* was as follows: Cancer of Stomach

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Surgeon

(Signed) Raymond Williams, M. D.

June 8, 1933 (Address) 2208 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 6/6/ 1933

20 UNDERTAKER: O. B. Wisner & Son

ADDRESS: 1300 Eutaw Pl

mation should be carefully supplied. Age, above given, must be that at last birthday. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 91001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 91001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 N. Louden St. 1901 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J. Hohnman

(a) Residence: No. 1812 N. Louden St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Caroline Hohnman

6. DATE OF BIRTH (month, day, year) Oct 23-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, ppd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Hohnman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schaeffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eugene Hohnman

(Address) 1812 N. Louden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date June 7 19 33

19. UNDERTAKER J. B. Hilbert & Son

(Address) 1200 Eastern Ave

Huntington Williams, W. Va.

19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1930 to June 3 1933

I last saw him alive on June 3 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis;	1930

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Augustine P. VanSchaick M.D.

(Address) 1614 E. Edmondson Ave

NOV 6 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain ... be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91002 E 91002

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto Hosp (St.) 20-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Eyrich

(a) Residence: No. 102 N. Smallwood Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Eyrich

6. DATE OF BIRTH (month, day, year) Sept 3 1856

7. AGE — Years 76 — Months 9 — Days 2 — If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler, Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Gehlen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Eyrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry W. Eyrich

(Address) 102 N. Smallwood

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 6/6/, 1933

19. UNDERTAKER F. B. Siekert & Son

(Address) [illegible]

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on June 3rd 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Accident

Fractured Skull

Cerebral Hemorrhage

Other contributory causes (if important): Fall down steps

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leuck M. D.

Coroner

(Address) Coroner

JUN 6 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91003 E 91003

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bath City Hospital 27-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin J Phillips

(a) Residence: No. 3521 Belvedere Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single.

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) April 4, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke, Md.

FATHER

13. NAME Milton J. Phillips

14. BIRTHPLACE (city or town) (State or country) Roanoke Md

MOTHER

15. MAIDEN NAME Ethel M. Phillips → TAYLOR

16. BIRTHPLACE (city or town) (State or country) Roanoke, Md

17. INFORMANT Milton J. Phillips

(Address) 3521 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Date June 7, 1933

19. UNDERTAKER Franklin W. Seitz

(Address) 769 West 23rd St

JUN 6 - 1933 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 , to , 19

I last saw him alive on injury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp fractured Skull	
Other contributory causes of importance:	
Automobile accident	

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/4, 1933

Where did injury occur? Phila Rd nr Vents Elkton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Steel Accident.

Manner of injury Auto in which he was riding ran off road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph D Koons Coroner, C. M. D.

(Address) 2200 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 91004 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91004

CERTIFICATE OF DEATH

V 175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 2-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lenk- mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Taranowski

(a) Residence: No. 506 S. Bethel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Police Records

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 6/6/33

19. UNDERTAKER (Address) Jno F. Connelly Essex Sta.

20. FILED JUN 6 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.05 P.M.

The principal cause of death and related causes of importance were as follows:

Abcess of left lung — Date of onset

Other contributory causes of importance:

Swallowed alkali on Apr 27/33 given him by one Cohell

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 506 S. Bethel St

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Gaan Coroner M. D.

(Address) 506 E Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91005

91005

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Belgian Ave St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth 44 yrs. — mos. — ds.

2. FULL NAME Mary McIntyre Bradley

(a) Residence: No. 700 Belgian Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Michael Bradley

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
about 68 yrs	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Belfast Ireland

FATHER

13. NAME Patrick McIntyre

14. BIRTHPLACE (city or town) (State or country) unknown Ireland

MOTHER

15. MAIDEN NAME Bessie Connolly

16. BIRTHPLACE (city or town) (State or country) unknown Ireland

17. INFORMANT Agnes Hammond

(Address) 700 Belgian Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 7 1933

19. UNDERTAKER Leonard R. Merk

(Address) 2305 Harford Ave

Filed JUN 6 1933 H. L. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to June 5, 1933

I last saw h[illegible] alive on June 5, 1933 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	[illegible] about May 1, 33
Other contributory causes of importance:	
Broncho-Pneumonia, (post-operative)	June 2/33

Name of operation Thoracic & Foot Date of June 4

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas L. Galvin M. D.

(Address) 1129 Calvert St

E 91006

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 91006

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Qv N. Ann St 6-01 V46 Registration Dist. No.

Village or City ..... No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds How long in U.S. if of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Barney Pinsky Ber

(a) Residence No. 25 N Ann St St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, and year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Butcher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Dave

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jehew Spring Dress 6/6/33 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 1419 E. Baltimore St

JUN 6 - 1933

19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 4 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1932 to June 5 1933

I last saw h.... alive on June 5 1933, death is said to have occurred on the date stated above, at 7:20 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus	1931
Other Contributory Causes of importance: General Carcinomatosis	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M D Levin M. D.

(Address) 211 W. Monument St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

E 91007

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 91007

93-003

1. PLACE OF DEATH

County 724 Newington Ave. 13-01 Registration Dist. No.

Village or City No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Anna Fedder

(a) Residence: No. 724 Newington Ave St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Fedder

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife 037

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Henry Fleisman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Louis Fedder - Son

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Date 6/6/33, 19

19. UNDERTAKER Jack Levin Inc (Address) 1439 E. Lombard St.

20. FILED JUN 6 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6 (Day) 19 33 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 6, 1933

I last saw h[illegible] alive on June 6, 1933, death is said to have occurred on the date stated above, at 4:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 31
Heart Block	2 yrs.

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical-Electrocardiograph Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Bibble M. D.

(Address) 1331 E. North Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91008

V 11-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Henderson

(a) Residence: No. 433 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. H. Henderson

6. DATE OF BIRTH (month, day, year) May 13. 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clark County Va

FATHER

13. NAME George A. Slack

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary V. Nolls

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT George Henderson Son (Address) 1433 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date June 8, 1933

19. UNDERTAKER Elmer W. Coppelius (Address) 924 E. Fayette St.

20. FILED JUN 6 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 5 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-27-1933 to 6-5-1933

I last saw her alive on 6-5-1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Encephalitis (Probably post influenzal) — Date of onset ?

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Mary B. Schneider M. D.

(Address) Franklin Square Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

G

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91009

CERTIFICATE OF DEATH

✓ 210-001

91009 E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert G. Stormes

(a) Residence: No. 1210 N. Chester St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	5	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME George Stormes

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Louise Offley

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT George Stormes
(Address) 1210 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date June 9 1933

19. UNDERTAKER Albert L. Reitz Jr.
(Address) 1210 Chester St

20. FILED JUN 6 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1933

22. I HEREBY CERTIFY, That I attended deceased from inquest 19 to 19
I last saw h alive on inquest 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Abdomen	6/5/33
Internal Injuries	
Automobile Accident	6/5/33

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/5 1933
Where did injury occur? Chase & Wolfe Sts.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck by auto while
Nature of injury playing in the street

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Sokony Coroner M. D.
(Address) 2200 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91010

E 91010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4214 Parkmont St., 26-01 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? 55 yrs. ___ mos. ___ ds.

2. FULL NAME Marie Stransky

(a) Residence: No. 4214 Parkmont St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Stransky

6. DATE OF BIRTH (month, day, year): Feb 2, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
83	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ___

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Germany-Bavaria

FATHER

13. NAME: Frank Brand

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Christ Pendracke

(Address) 4214 Parkmont

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: June 7, 1933

19. UNDERTAKER: Jack Crocheron

(Address) 1900 Eutaw Pl.

JUN 6 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933 to June 5, 1933

I last saw h. alive on June 5, 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June
Other contributory causes of importance: Cardiac & Respiratory Paralysis	June

Name of operation: Physical Injury Date of: ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Frederick E. Hemmes, M. D.

(Address) 1301 N. Park Pl.

Spec. 2-29-28—L. F. S.—500 Blks.

E 91011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91011

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3209 Ellerslie ST., 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Manner

(a) RESIDENCE NO. 3209 Ellerslie ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced RUSBAND of (or) WIFE of Wm H. Manner

6 DATE OF BIRTH (month, day, and year) Apr 18, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	17. 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm Cawood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Cawood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. H. Scudden

(Address) 3209 Ellerslie Ave

15 Filed JUN 6 - 1933 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4-1933

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to June 4, 1933

that I last saw h alive on June 3, 1933

and that death occurred, on the date stated above, at 2450 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast-

(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Date of June 1932

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) Thos Ja Stevens, M. D.

6/6, 1933 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	6-7 1933

20 UNDERTAKER Leo G. Cook ADDRESS 1723 N Patterson Pk Ave

IMPORTANT—Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 250B

E 91012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 E 91012

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General St., 8-A Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mrs. Mary M. Engleman

(a) Residence: No. 2219 E Chase St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Engleman

6. DATE OF BIRTH (month, day, year) Feb 28-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Bertrand

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Collins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Engleman
(Address) 2219 E Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6-9 1933

19. UNDERTAKER Lee J. Cook
(Address) 1723 N Patterson Park Ave

20. FILED JUN 6 - 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1933 to 6-5, 1933

I last saw her alive on 6-5, 1933 death is said to have occurred on the date stated above, at 9:27 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacteremia	
Bi-Lateral Thrombo-Phlebitis	4-1-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul Rubin M. D.

(Address) Sinai Balto. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91013 ✓ E 91013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 So Calhoun St., 19-01 Ward)

Length of residence in city or town where death occurred 36 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME A. Bonaventure Hoods.

(a) Residence: No. 29 So Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Russell C Hoods

6. DATE OF BIRTH (month, day, year): Dec 19th 1896

7. AGE: Years 36 | Months 5 | Days 17/6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John C. O'Mahoney

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Maria J King

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs Russell C. Hoods.
(Address) 29 So Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 6/8/ 1933

19. UNDERTAKER: John J Edwards Sr
(Address) 901 Hollins St.

FILED JUN 8 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 6/5/ 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30 1933 to June 5 1933

I last saw h[illegible] alive on June 5 1933. Death is said to have occurred on the date stated above, at 11.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Myocarditis	X

Other contributory causes of importance:

Acute Pulmonary Edema	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) [illegible] M. D.

(Address) 2 E Read St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91014

E D. 91014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-01 (Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Annie Molinari

(a) Residence: No. 1 Linda Jacks Lane St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac L. Molinari

6. DATE OF BIRTH (month, day, year) May 12 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife (duties)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Christian Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Leamon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Isaac L Molinari

(Address) 1 Linda Jacks Lane Md

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 6/9/33

19. UNDERTAKER J M Cole

(Address) 1217 E Fort Ave Baltimore, Md

FILED JUN 6 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933 to June 6, 1933

I last saw h-er alive on June 6, 1933 Death is said to have occurred on the date stated above, at 8 15/24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Right Leg	March 1933
Other contributory causes of importance:	
Arteriosclerotic Cardio-vascular-renal disease	1932

Name of operation none Date of

What test confirmed diagnosis? Physical Examination Was there an Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Peter Meranchi M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91015 ✓ E 91015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (Balto. City Hospitals 4-01)
CITY OF BALTIMORE (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] da. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] da.

2. FULL NAME James J. Stewart

(a) Residence: No. 622 W. Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia —

6. DATE OF BIRTH (month, day, year) 6-10-1862

7. AGE	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
70	71	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James —

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Griffith

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) (Geo. Balto City Hospitals)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 6/9 1933

19. UNDERTAKER
(Address) [illegible] Fayette St

21. FILED [illegible] 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-2 1933 to 6-5 1933

I last saw him alive on 6-5 1933 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	1928
arteriosclerosis	?
Cerebral Hypertension	?

Other contributory causes of importance:
arteriosclerosis ?
Cerebral Hypertension ?

Name of operation none Date of

What test confirmed diagnosis? Cerebral Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-6-33 (Signed) Elmer Hinkley M.D.
(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91016 ✓ E 91016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N. Payson St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Mackenzie

(a) Residence: No. 626 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. ~~If married, widowed, or divorced~~ (or) WIFE of Hiram Mackenzie

6. DATE OF BIRTH (month, day, year) Dec 7th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME C. Holt

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm N. Batchelor

(Address) 3559 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 7th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

JUN 6 - 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29th, 1933 to June 4th, 1933

I last saw her alive on June 4th, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Infirmities of age — Date of onset 5/31/33

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. A. Tilden, M. D.

(Address) 3610 Falls Rd.

V S 3

1. Be sure that every item is correctly and fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91017.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE (Ward) Baltimore City Hosp St. 20-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rosa E. Heil

(a) Residence: No. 529 N Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Heil (Dead)

6. DATE OF BIRTH (month, day, year): July 8, 1863

7. AGE: 69 Years | 10 Months | 27 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Schoenberger
14. BIRTHPLACE (city or town) (State or country): Port Deposit Md.

MOTHER

15. MAIDEN NAME: Henrietta Ulsamer
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Friends Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date: 6/9/33

19. UNDERTAKER (Address): [illegible] 1417 E. Fayette St.

JUN 6 - 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1933 to June 5, 1933

I last saw her alive on June 5, 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension Heart Disease	?
Other contributory causes of importance: Cerebral Hemorrhage	3 Mo
2nd " "	1 Mo

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. ALL QUESTIONS SHOULD BE ANSWERED. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 91018

✓ E 91018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173676 Ped

172-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No.) St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anthony Sartori

(a) Residence: No. 211 Albemarle St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Pete Sartori

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Millie Sonema

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Dodd Pedersen Date June 8, 1933

19. UNDERTAKER Mark H. E. Ruppelius

(Address) 3 [illegible]

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to June 5, 1933

I last saw h[illegible] alive on June 5, 1933. Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	5-31-33
Other contributory causes of importance: Bronchopneumonia	6-4-33

Name of operation Reduction of Intussusception Date of 6-3-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] C. Goodwin M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91019

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lying-in Hospital

CITY OF BALTIMORE: (No. ..... St., 15-81 Ward)

Registered No. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Tilendis

(a) Residence: No. 536 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	-

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	6	24/9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Gilbert Tilendis

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Beatrice Franklin

16. BIRTHPLACE (city or town) (State or country) W Va.

17. INFORMANT Father

(Address) 536 N Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 6/6, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1323 Riesstown St.

FILED JUN 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to June 4, 1933

I last saw him alive on June 1, 1933. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	May 26
Bronchopneumonia	May 29

Other contributory causes of importance:

Name of operation none Date of -

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Harry Tashman M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. IT IS A CRIMINAL RECORD. ANSWER ALL QUESTIONS. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1466-3

E 91020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91020

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. East of President St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Berna

(a) Residence: No. 910 Bacon St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls Md

FATHER

13. NAME Nicola Berna

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angela Paubianco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Nicola Berna
(Address) 910 Bacon St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 4 1933

19. UNDERTAKER Frank V. Pikitone
(Address) 2918 E Baltimore St

20. FILED Huntington Williams Mgr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental Drowned	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 6/3, 1933

Where did Injury occur? President St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Drowned

Nature of Injury Stopped off work

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify No

(Signed) C. Norris MD M. D.
Coroner

(Address) 1305 N Patterson Pk

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 91021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 E 91021

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Bond St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wiczulus

(a) Residence: No. 421 S Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 30 33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Joseph Wiczulus

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

15. MAIDEN NAME Mary Zyla

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph Wiczulus
(Address) 421 S Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place St Mds College Date June 6 1933
(Undertaker)
(Address) Huntington Williams N.Y.

JUN 6 1933

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30 1933 to June 5 1933

I last saw him alive on June 5 1933 Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stomatus Both	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William J. Rypans M. D.

(Address) 201 E Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91022 HEALTH DEPARTMENT—CITY OF BALTIMORE 91022

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ambassador Apts Canterbury Rd 1432 St. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Redwood

(a) Residence: No. Ambassador Apartments, Canterbury Road 39th St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louise Redwood (maid)

6. DATE OF BIRTH (month, day, year) Sept 29 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	8	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Dr. Holmes Redwood

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Carter Channing

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT John Redwood Jr

(Address) 2801 N. Calvert St, Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 7 1933

19. UNDERTAKER Henry W. Deaton Sons Co

(Address) 1711 Eutaw Pl Orchard 1818

20. FILED JUN 6 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 1933, to June 5th 1933

I last saw him alive on June 5th 1933. Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
• Cerebral hemorrhage with Hemiplegia	Jan 3rd '33
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. M. Dorsey M. D.

(Address) Reston, Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91023

CERTIFICATE OF DEATH

E 91023

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 619 Reservoir St. 13-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Eleanor A. D. Johnson

(a) Residence: No. 619 Reservoir St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Johnson

6. DATE OF BIRTH (month, day, year): Feb. 22, 1883

7. AGE: Years 50 | Months 3 | Days 13/14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

FATHER

13. NAME: John Dillon

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Jane ?

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mr. Walter Edw. Rowson 619 Reservoir St.

18. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Cem. Date June 7, 1933

19. UNDERTAKER (Address): Wm. Fleckner Sons 1092 E. Fenna Ave.

20. FILED ... 19... Registrar.

JUN 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1933 to June 5, 1933.

I last saw her alive on June 5, 1933 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Br: Breast with metastasis to spine lung bone & liver.	9/1/4
Other contributory causes of importance: Erysipelas & pulmonary edema	2 days

Name of operation: Rt. Radical Mast. ... What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John T. Mead, M. D.

(Address) 804 Cathedral St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 91024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√93E 91024

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2547 Ashton St. St., 20-01 Ward)

Registered No.

(If death occur a hospital or ins give its NAME of street and numb

Length of residence in city or town where death occurred 51 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mo

2. FULL NAME Catherine L Radecke

(a) Residence: No. 2547 Ashton St St., Ward.
(Usual place of abode)
(If non-resident give city or town and

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Diedrick Radecke

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Anna M. Radecke
(Address) 2547 Ashton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date June 7 1933

19. UNDERTAKER Wm J Tickner & Son
(Address) Wash & Pa

20. F... [illegible] Registrar.

JUN 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4-1933

22. I HEREBY CERTIFY, That I attended deceased
May 13 1933 to June 4
I last saw h... alive on June 4, 1933 Death
to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Date

Pulmonary Abscess
Jan 1933

Other contributory causes of importance:

Myocarditis
May 12 1933

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury

Where did injury occur?
(Specify city or town, county, and S
Specify whether injury occurred in industry, in home, or in
place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of dec
If so, specify

(Signed) Z. Howard Taylor

(Address) 2065 Brk Ave

M. D. B. 1268-9

E 91025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91025

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Found in Harbor

CITY OF BALTIMORE: (No. Pier 6 Pratt St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Luther John Beer

(a) Residence: No. 3906 Fendale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Helen Marie Burd

6. DATE OF BIRTH (month, day, year) Feb 18 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Copper Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Beer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E Bromwell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Helen M Beer

(Address) 3906 Fendale

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 7 1933

19. UNDERTAKER Thos Pickup & Sons

(Address) North & Fit Huntington Ave Baltimore Md

20. JUN 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning	
Sudden	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19 ...

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address)

Information should be carefully compiled, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91026 E 91026

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N Fulton Ave St. 14-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia A Duffy

(a) Residence: No. 5 N Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C Duffy

6. DATE OF BIRTH (month, day, year) Nov 19 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	5 6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Lawrence Rooney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Morrison

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Clara A Duffy
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fraston W Va Date 6/6 '33

19. UNDERTAKER George A Farley
(Address) Fulton & Fayette

20. FILED ..... 19..... Registrar.

JUN 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31 1933 to June 5 1933

I last saw her alive on June 5 1933 Death is said to have occurred on the date stated above, at 830 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	5/31/33
Arterio Sclerosis	Unknown
Other contributory causes of importance:	
Mitral Insufficiency	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M A O'Neill M. D.

(Address) 108 N. Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91027

CERTIFICATE OF DEATH

E 91027

V 39

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Garden Apts. St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. .... mos. .... ds. How long in U. S. If of foreign birth 50 yrs. .... mos. .... ds.

2. FULL NAME Zerlina Mendels

(a) Residence: No. Temple Garden Apts. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Mendels

6. DATE OF BIRTH (month, day, year) May 10th. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria

FATHER

13. NAME Abraham Huchberger

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Lena Wolfsheimer

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mr. Joel Mendels

(Address) Temple Garden Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Date June 7 1933

19. UNDERTAKER Krieg Sondheimer & Son

(Address) 1902 Eutaw Place

FILED JUN 8 1933 Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30 1933 to June 5 1933

I last saw her alive on June 5 1933 Death is said to have occurred on the date stated above, at 11.56 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 2 1933
Other contributory causes of importance:	
Diabetes mellitus	1914
Hypertension	1921
Angina pectoris arteriosclerosis	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis F. Hamburger M. D.

(Address) 1207 Eutaw Place.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91028

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 147 Registered No.

CITY OF BALTIMORE: (No. Fayette & Callowa St. 29-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn M. Sunderland

(a) Residence: No. 4113 Hayward Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard A. Sunderland

6. DATE OF BIRTH (month, day, year) July 21, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

FATHER

13. NAME John Morgan

14. BIRTHPLACE (city or town) (State or country) Chas Co Md.

MOTHER

15. MAIDEN NAME Eva C Rice

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT Leonard A Sunderland.

(Address) 4113 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wood Ridge Date 6/8 1933

19. UNDERTAKER Harry H Pistel

(Address) 4101 Edmondson Ave

20. FILED Huntington Williams Registrar.

JUN 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 5 . 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 5 1933

I last saw her alive on June 5 1933 Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia of Pregnancy abort (Hyperemesis Gravidarum)	4-5-33

Other contributory causes of importance:

Name of operation Therapeutic Abortion Date of 6-1-33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Morris B. Schaefer M. D.

(Address) Franklin Square Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 91029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91029

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 592 N. Gay St St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Theodorietes

(a) Residence: No. 592 N. Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agathi

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Candy maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ofc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Constantinople, Turkey

FATHER

13. NAME Louis Theodorietes

14. BIRTHPLACE (city or town) (State or country) Constantinople, Turkey

MOTHER

15. MAIDEN NAME Angelica Gregory

16. BIRTHPLACE (city or town) (State or country) Constantinople, Turkey

17. INFORMANT Mary Arven (sister)
(Address) 592 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 6/8 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

FILED JUN 6 1933 Huntington Williams, N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Bayne M. D.
Coroner

(Address) 5086 Reisterstown

N 6-1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 2 91030 675 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91030

CERTIFICATE OF DEATH

A 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St. 701 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hall

(a) Residence: No. 111 E Bay St., Ward Jacksonville Fla
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche

6. DATE OF BIRTH (month, day, year): 1-21-79

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. J.

FATHER

13. NAME: Sam Hall

14. BIRTHPLACE (city or town) (State or country): N Jersey

MOTHER

15. MAIDEN NAME: Evelyn Mark

16. BIRTHPLACE (city or town) (State or country): N J

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Jacksonville Fla Date: June 6 33

19. UNDERTAKER: Philip Shurig per John Henagy

(Address) 2016 Eutaw St.

20. FILED ... Registrar

NOV 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to June 6, 1933

I last saw him alive on June 6, 1933 Death is said to have occurred on the date stated above, at 5 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	Jan 33

Other contributory causes of importance:

None	

Name of operation: Right Craniotomy Date of: 6-5-33

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) P. A. Kerdel, M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91031

CERTIFICATE OF DEATH

E 91031

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital (St.) 25 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Jordon

(a) Residence: No. 510 2 Curtis ave, Curtis Bay Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 16-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joseph B Jordan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Kate Grunestreet

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Minnie F. Jester

(Address) 1200 Chesapeake Ave. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 7, 1933

19. UNDERTAKER George L. Schwartz

(Address) 7101 Frederick Ave.

20. FILED [illegible] Registrar

N 6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 - 30, 1933 to 6 - 5, 1933

I last saw him alive on 6 - 4, 1933 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanotic Sarcoma of neck with Metastases into Brain.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. J. Conroy, M. D.

(Address) Vol. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 91032

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Room 805 American Building
CITY OF BALTIMORE: (No. S. W. Cor Balto & South St.) 12-01 (Ward)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Noble Sherman

(a) Residence: No. 429 E. 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ (wife) Lulu Sherman

6. DATE OF BIRTH (month, day, year) Dec 28th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edward J. Walters Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Sherman
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Gross
16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Edward H. Sherman
(Address) 4408 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 8th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Baltimore
Huntington Hotel, N.Y.

FILED JUN 6 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

Bullet Wound Through Brain Subjugal Suicide

Date of onset

Other contributory causes of importance:

Insanity

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James M. Fenton Coroner, M. D.

(Address) 7001 Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

B 91033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-91033

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

Registered No. 59

CITY OF BALTIMORE: (No. Wilkens Ave, St. 12-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Amandas (Amanda) Free

(a) Residence: No. 2003 Guilford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Free

6. DATE OF BIRTH (month, day, year) May 15th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Krick

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Gamber

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ethel E. Smith

(Address) 2003 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 8th, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, N.D.

20. FILED JUN 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to June 6, 1933

I last saw her alive on June 6, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes coma.	
Other contributory causes of importance:	
Hypostatic pneumonia Both	

Name of operation Vaginal Hysterectomy Date of June 1/33

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Govatos, M. D.

(Address) St Agnes Hospital.

Information should be carefully supplied. All items should be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91034

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Belvedere Ave St., 97-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Amelia Brooks

(a) Residence: No. 4110 Belvedere Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Charles H. Brooks

6. DATE OF BIRTH (month, day, year): Jan 6th 1868

7. AGE: Years 65 | Months 4 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joseph Phelps

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Virginia Sisselberger

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Grace E. Randall

(Address) 4110 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 7th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

JUN 6 1933

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1933 to 6-4 1933

I last saw him alive on 6-4 1933. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Gave medicine the last time for 3 months daily	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grace E. Randall M. D.

(Address) 3402 Ellerslie Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91035

E 91035

CERTIFICATE OF DEATH

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Chappell

(a) Residence: No. 1721 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Effie Chappell

6. DATE OF BIRTH (month, day, year) Mar 16 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel Chappell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nora Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Effie Chappell
(Address) 1721 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 6-7 1933

19. UNDERTAKER Mrs Ida Snowden
(Address) 112 S Caroline St. Baltimore Md

JUN 6 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. Fleming Mc... M. D. Coroner

(Address) 1721 Ashland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91036 E 91036

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. ~~Ward~~) 107-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Knight

(a) Residence: No. 402 W. 25th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucas Knight

6. DATE OF BIRTH (month, day, year) Feb 25 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm. Carroll

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emeline Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. Howard Shrewsbank

(Address) 402 W. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date June 7 1933

19. UNDERTAKER J. Walter Pearce

(Address) 3410 Edmondson Ave.

20. FILED JUN 6 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/15 1932 to 6/6 1933

I last saw h[illegible] alive on 6/6 1933. Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile dementia	
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elmer Richardson M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 6 1933

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91037

CERTIFICATE OF DEATH

E 91037

Registered No. 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? 10 yrs. --mos-- ds.

2. FULL NAME Herman F. Radtke.

(a) Residence: No. N. Fourth Ave. Glen Burnie A. A. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXXX Mila Radtke.

6. DATE OF BIRTH (month, day, year) December 2, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boot maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co.

10. Date deceased last worked at this occupation (month and year) Dec 11, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Willian Radtke.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline -------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mila Radtke. (wife)
(Address) N. 4th St. Glen Burnie A. A. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. June. 7. 1933
Place Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC. Saml. J. Sander.
(Address) Baltimore St. & Broadway

Huntington Williams, M.D.
Registrar.

N 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19

I last saw h... alive on ... 19 Death is said to have occurred on the date stated above, at 8.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the Femur. Accidental fall on his porch.	12/3/32
Other contributory causes of importance: Bronchopneumonia.	

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 3, 1932

Where did injury occur? On his porch.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Fall on slippery porch.

Nature of injury Fractured femur.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
6/6/33 (Address) 1017 N. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 91038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91038

CERTIFICATE OF DEATH.

130

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 E. Chase ST. 10-21 WARD)

2-FULL NAME Bertha Cooper Diggs

(a) RESIDENCE NO. 1418 E. Chase ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence W. Diggs.

6 DATE OF BIRTH (month, day, and year) May 5 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant C. W. Diggs (Address) 1418 E. Chase

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to June 5, 1933, that I last saw he alive on June 5, 1933, and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Acute Myocarditis

(duration) ... yrs. ... mos. 9 da.

CONTRIBUTORY (Secondary) Acute Pulmonary edema (duration) ... yrs. ... mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) John A. Kenney M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/8 1933

ADDRESS 518 N. Bro

20 UNDERTAKER Samuel D. Kennedy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

91039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121 E 91039

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 14-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Levi Dorsey

(a) Residence: No. 119 Winters Lane St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Noah Dorsey 2nd

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Alice Dorsey 2nd

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Alice Dorsey

(Address) 119 Winters Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Harlem Star Date 6/9/33

19. UNDERTAKER Samuel J. Beauchert

(Address) 598 W Pratt St

20. FILED JUN 7 - 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933 to June 6, 1933

I last saw him alive on June 6, 1933 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	4 days

Other contributory causes of importance:

Ruptured Appendix	6 days

Name of operation Appendectomy & Drainage Date of 6/4/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Brathaw Sturgis M. D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91040

91040 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 Harlem St. 16-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robt Walker

(a) Residence: No. 836 Harlem St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years 54 | Months 33 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fabre

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20+

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Josiah Walker 2d

14. BIRTHPLACE (city or town) (State or country) Botto Volue

MOTHER

15. MAIDEN NAME Va

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mattie Fabre

(Address) 836 Harlem St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6 7 1933

19. UNDERTAKER Samuel F. Hempstead

(Address) 578 N Bidle

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1933

I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner. M. D.

(Address) ... Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91041 8 2733 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91041

x 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Koehler

(a) Residence: No. 2914 Kildare Drive St., Ward. Perry Hall Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/6/1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gregory Tulus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 6/7/33 19

19. UNDERTAKER Frederick Lazenby Son

(Address) 7401 Belair Road

20. FILED Huntington Station, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26 1933 to June 6 1933

I last saw him alive on June 6 1933 Death is said to have occurred on the date stated above, at 5 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of body of pancreas	

Other contributory causes of importance:

Metastasis of Glandular Carcinoma to Liver and Lungs

Name of operation Exploratory Date of 5/30/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. D. Burgess M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 7 1933

M. D. B. 1268-b

91042 HEALTH DEPARTMENT—CITY OF BALTIMORE 91042

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie McFarland

(a) Residence: No. 132 S. Hilton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: John E. McFarland

6. DATE OF BIRTH (month, day, year): Aug 9. 1874

7. AGE: Years 58 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: David A. Dyson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Julia Busch

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. McFarland

(Address): 132 S. Hilton.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk Date: 6/8, 1933

19. UNDERTAKER: L. F. McCusky

(Address): 130 E. Fort Ave.

20. FILED: JUN 7 1933 Huntington Wilkens, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933 to June 5, 1933

last saw her alive on June 5, 1933. Death is said to have occurred on the date stated above, at 8.55a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolus — Date of onset 6-5-33

Other contributory causes of importance:

Phlebitis of Iliac veins

Name of operation: Colporrhaphy Date of: 4-19-33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Vernon H. Mowrad, M. D.

(Address) Church Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91043

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Light St St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Lucas

(a) Residence: No. 1721 Light St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lucas

6. DATE OF BIRTH (month, day, year) May 3rd. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles M. Nash

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Charlotte Crispins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Viola Turner

(Address) 1721 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date June 8 1933

19. UNDERTAKER Tom McCully

(Address) 128 E Fort Ave

20. FILED 6-1-1933 (Registrar) Records

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11th 1933 to June 5th 1933

I last saw her alive on June 4th 1933 Death is said to have occurred on the date stated above, at 11½ P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast with general metastases — Duration: Several years

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Beibel M.D.

6/6/33 (Address) 1224 E 26 Barnes St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91044

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Aisquith Street St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred 50 years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. McCreer

(a) Residence: No. 1635 Aisquith Street St., Ward
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Honora Finnessy McCreer

6. DATE OF BIRTH (month, day, year) Sept. 8, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs.
75	8	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Baltimore Co. Md.

FATHER

13. NAME Edward McCreer

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Honora McCreer
(Address) 1635 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. June 8, 1933

19. UNDERTAKER George J. Ruth Inc. Mary T. Ruth
(Address) 1735 Harford ave.

20. FILED JUN 7 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]. I last saw h[illegible] alive on [illegible], 19[illegible]. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of [illegible]	[illegible]
Ingrowth	[illegible]
Other contributory causes of importance:	

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible], M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 91045

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alex Edwards

(a) Residence: No. 708 Brune st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Daniel Edwards

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvery Date June 8, 1933

19. UNDERTAKER James A. Stamper
(Address) 1142 W. Fitzsimmons St.

20. FILED JUN 7 1933 Huntington Whitehurst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to June 5, 1933

I last saw him alive on June 5, 1933. Death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Pulmonary Tuberculosis.	7 M 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stow M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91046

CERTIFICATE OF DEATH

160-002 E 91046

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 So Calvert Rd St., 20-G Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Holland

(a) Residence: No. 36 So Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 6/6/33

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 4 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick William Holland

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annafana Haup

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Fredk W. Holland

(Address) 36 So Calvert Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Dulty Cem. Date June 7, 1933

19. UNDERTAKER Fred A. Wagner & Son

(Address) 1634 Monroe St

JUN 7 - 1933

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/6/33, 19 . to 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

accident of Labor
Breech Presentation
& Cesarean

Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

6/6/33 (Signed) M. Holly Hemming M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91047

CERTIFICATE OF DEATH.

108

E 91047

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15-44 N. Bruce ST. 15-21 (WARD)

2-FULL NAME Charles Peters, Jr.

(a) RESIDENCE NO. 15-44 N Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10-8-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		7 8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Chas. Peters

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md. (State or country)

12 MAIDEN NAME OF MOTHER Evelyn Crawford

13 BIRTHPLACE OF MOTHER (city or town) Elliot City, Md. (State or country)

14 Informant Charles Peters (Address) 15-44 N. Bruce St

15 Filed JUN 7 - 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5- 1933

17 I HEREBY CERTIFY, That I attended deceased from 6-3- 1933, to 6-5- 1933, that I last saw h— alive on 6-4- 1933, and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C. Berger M. D.

, 19 (Address) 15-16 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 6/7 1933

20 UNDERTAKER Thomas E Kelson

ADDRESS 1303 Eastmount St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 91048 (26) E 91048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27306 V53

1. PLACE OF DEATH Johns Hopkins Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Herndon~~ William Terry William Herndon Terry

(a) Residence: No. 541 Sanford Pl St., ... Ward. 6-15-33 Oak

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) 5-4-97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 23

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Howard

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date 6/7/33 19

19. UNDERTAKER Mrs. Gorse H. Holland

(Address) 1630 Druid Hill Ave

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933 to June 4, 1933

I last saw him alive on June 4, 1933 Death is said to have occurred on the date stated above, at 9:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Brain Tumor ?	1 day

Other contributory causes of importance:

None

Name of operation Ventriculography Date of 6/1/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Kramer M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001 E 91049

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

91049

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Bay St. St. 13-01 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne A. Luber

(a) Residence: No. 727 Bay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Joseph A. Luber.

6. DATE OF BIRTH (month, day, year): July 27, 1869

7. AGE: Years 63; Months 10; Days 4; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Joseph A. Luber.

(Address) 727 Bay St. Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date June 8, 1933

19. UNDERTAKER: Thomas Taylor Funeral Home

(Address) 3215-17 Harrington Ave. Washington, D.C.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said to have occurred on the date stated above, at m.

I last saw h alive on

The principal cause of death and related causes of importance were as follows:

Date of onset

Tabes dorsalis 5 years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Hoffman Roland M. D. (Coroner)

(Address) 727 Bay St. Catonsville Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91050

91050 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91050

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Francis St. St., 13-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

2. FULL NAME Michael J. Cranse

(a) Residence: No. 2604 Francis St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race white | 5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or Wife of)~~ Sophia Cranse

6. DATE OF BIRTH (month, day, year) Dec 31/1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 613

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stall in market

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Sophia Cranse

(Address) 2604 Francis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Western Date June 6, 1933

19. UNDERTAKER Martin Faber & Sons

(Address) 1527 E. North Ave.

20. FILED JUN 7 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1933 to June 5th, 1933

I last saw him alive on June 4th, 1933 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	6/2/33

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Elbert E. Reiter M. D.

(Address) 2245 Reisterstown Road Balto Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Carozza

E 91051

E 91051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

461

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hosp St., (or) Ward

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Amelia Carozza

(a) Residence: No. 315 S. High St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dominic Carozza

6. DATE OF BIRTH (month, day, year) Jan. 29, 1867 1868 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hours or minutes
	66	4	7 ? 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Carozza

(Address) 315 S. High Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 9, 1933

19. UNDERTAKER George F. Ruth Inc.

(Address) 1235 Hanford Ave Mary T. Ruth

20. FILED JUN 7 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1933 to 6/6, 1933

I last saw h alive on 6/6, 1933 Death is said to have occurred on the date stated above, at 1 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?

Other contributory causes of importance:

Secondary anaemia

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. W. Jacobson M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91052

HEALTH DEPARTMENT—CITY OF BALTIMORE

91052

CERTIFICATE OF DEATH

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3141 Chesterfield Ave. 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. Dietrick

(a) Residence: No. 3141 Chesterfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva A. Dietrick

6. DATE OF BIRTH (month, day, year) Aug 14/1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53 ~~54~~	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Dietrick

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Eva A. Dietrick (Wife)
(Address) 3141 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 9-33

19. UNDERTAKER Jos A Stevenson & Son
(Address) 3006 Kentucky Ave Huntington Williamson W Va

20. FILED ... Registrar.

JUN 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jun6.33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ... I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Probably Coronary Thrombosis — Date of onset

Other contributory causes of importance:

History of Pernicious Anaemia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. T. H. Bacon M. D., Coroner
(Address) 506 E Lanvale

Make ENTIRE DEATH certificate plain to plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91053

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91053

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Balto City Hospitals

Registered No.

CITY OF BALTIMORE: (No.) St., 10-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Watson

(a) Residence: No. 1136 N Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Arelia

6. DATE OF BIRTH (month, day, year) Aug 4 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 ?	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawrence Co Pa

FATHER

13. NAME Jeffries Watson

14. BIRTHPLACE (city or town) (State or country) Lawrence Co Pa

MOTHER

15. MAIDEN NAME Mary L. ?

16. BIRTHPLACE (city or town) (State or country) Lawrence Co Pa

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 6, 1933

19. UNDERTAKER Daniel Eberly

(Address) 5 to 15 [illegible]

20. FILED Huntington Officer [illegible]

JUN 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1933 to 6-4, 1933

I last saw him alive on 6/1, 1933 Death is said to have occurred on the date stated above, at 11:7 m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatism	
Hypertrophy	
Acute Uremia Retention	6 Mos
Other contributory causes of importance:	
Post Operative Shock	

Name of operation Suprapubic Cystotomy Date of 4/53

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bowie Selgston M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

E 91054 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91054

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 E. Lanvale St., 12-03 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Coffay

(a) Residence: No. 433 E Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Patrick Coffay

6. DATE OF BIRTH (month, day, year): 1862-?

7. AGE: Years: 70 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: James Timmins

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Julia Hagan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Julia Colbert
(Address) 433 E Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: June 8, 1933

19. UNDERTAKER: Mary M Wedderburn
(Address) 2207 E

20. FILED JUN 7 - 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1931 to June 5, 1933. I last saw her alive on June 5, 1933. Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 yrs

Other contributory causes of importance: Diabetes & Chronic Nephritis

Name of operation: none Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —. If so, specify ...

(Signed) Geo. O. Timmerman M.D.

(Address) 2852 Harford Rd.

Exact statement of the CAUSES OF DEATH is plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-81

E 91055

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 W. Hamburg St. (Ward) 23 501

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Leazer 155 W Hamburg St

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME DeWitt Leazer

14. BIRTHPLACE (city or town) (State or country) Salisbury, N.C.

MOTHER

15. MAIDEN NAME Lala Lock

16. BIRTHPLACE (city or town) (State or country) Salisbury, N. C.

17. INFORMANT Mother
(Address) 155 W. Hamburg

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 7 . 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. [illegible] Huntington Williams, M.D.

JUN 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30 . 1933 to June 6 . 1933

I last saw him alive on June 6 . 1933 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) [illegible] M. D.

(Address) Resident Hosp.

IMPORTANT: Before signing, carefully read the above. Make sure that it is correct and complete. Write plainly with pen and ink. Use no abbreviations. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91056

CERTIFICATE OF DEATH

159 E 91056

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Llewelyn Avenue St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Sallie Marshall

(a) Residence: No. 2129 Llewelyn Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) May 31, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Marshall

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Edna Arline

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edna Arline
(Address) 2129 Llewelyn ave

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med College Date June 7, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-31-, 1933, to 6-7-, 1933
I last saw h— alive on 6-6-, 1933 Death is said to have occurred on the date stated above, at 3,30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth about 7 mos.	

Other contributory causes of importance:

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify —

(Signed) [illegible] M. D.

(Address) 611- N. Carolina

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAY—1500 Blks.

E 91057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 E 91057

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Dr. N. Lee Franks, Private Hospital-

CITY OF BALTIMORE: (No. 1340 S Charles St- ST. 12-21 WARD)

2-FULL NAME Betty Lee Eliason -

(a) RESIDENCE NO. 427 E 20th St- ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): X-

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of: X-

6 DATE OF BIRTH (month, day, and year): June 6-1933-

7 AGE: Years | Months | Days | If LESS than 1 day, 11 hrs or min.

Born end 7th Month Gestation

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: X

(b) General nature of industry, business, or establishment in which employed (or employer): X

(c) Name of employer: X

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland-

PARENTS

10 NAME OF FATHER: William Irvin Eliason-

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.- Md.

12 MAIDEN NAME OF MOTHER: Evelyn Broadbelt-

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.- Md-

14 Informant (Address): 1340 S. Charles St-

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1933

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 6, 1933.- that I last saw her alive on June 6, 1933, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth-
Born at end 7th Month Gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? X Date of X

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. Lee Franks, M. D.

, 19 (Address) 1340 S. Charles St-

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: June 7 19 33

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91058

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. ... St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Parker

(a) Residence: No. 613 Stirling St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) — 10a. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Vienna, Md

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Vienna, Md.

MOTHER

15. MAIDEN NAME Francis ?

16. BIRTHPLACE (city or town) (State or country) Vienna, Md.

17. INFORMANT Records (Balto City Hospitals)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Vienna Md Date June 6 1933

19. UNDERTAKER Samuel Zantzinger

(Address) 966 Lexington Ave Baltimore Md

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-33

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1933 to 6-5 1933

I last saw him alive on 6-5 1933 Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic with mitral arteriosclerotic	?
Other contributory causes of importance: anemia secondary	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-6-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

7-1933

Spec.—9-30—A. & Co.—250 Bks.

91059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91059

CERTIFICATE OF DEATH.

X V 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Bon Secours Hosp. St. 20-81 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr. John Pauley

(a) RESIDENCE NO. Bentfield Ave. Ridgewood St. Ward Md. (Relay P.O.)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Pauley.

6 DATE OF BIRTH (month, day, and year) Apr 14 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 014

(b) General nature of industry, business, or establishment in which employed (or employer) Cabinet Maker.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Pauley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John A. Pauley 3217 Bayonne Ave.

15 [illegible] 19 Huntington Williams Registrar

7-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5/33

17

I HEREBY CERTIFY, That I attended deceased from 6/4 , 1933 , to 6/5 , 1933

that I last saw him alive on 6/5/33 , 19

and that death occurred, on the date stated above, at 11 35 p. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
Fracture of Femur, r.
Fracture of ribs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

Accidental Fall Down Steps (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No Surgical Opinion

Did an operation precede death? Yes Date of [illegible]

Was there an autopsy? Coroner

What test confirmed diagnosis?

(Signed) Arthur H. Chandler M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL June 8, 1933

20 UNDERTAKER Mrs. Mrs. John W. Deufel & Son

ADDRESS 801 W. Fayette St

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91060 E 91060

CERTIFICATE OF DEATH

V 137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 N. Charles St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Neesemann

(a) Residence: No. 3901 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice E. Neesemann

6. DATE OF BIRTH (month, day, year) Nov. 26, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	11/10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick J. Neesemann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louisa Laffray.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Alice E. Neesemann
(Address) 3901 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 9th 1933

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St

20. FILED JUN 7 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to June 6, 1933

I last saw him alive on June 1, 6 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Arteriosclerosis	
Chronic Myocarditis	Chronic

Other contributory causes of importance: Uraemic Coma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Strauss M. D.

(Address) 1 W Mt Vernon Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91061 E 91061

CERTIFICATE OF DEATH

Registered No. 171

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No.) St. 22-24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. William Hilty
(a) Residence: No. 4953 Edgemere Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen Hilty

6. DATE OF BIRTH (month, day, year) Dec 22, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Christian Hilty
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Gertrude Philip
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. Ewing
(Address) 2411 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/10 19 33

19. UNDERTAKER
(Address) 1322 E. Lafayette Ave
Huntington Williams, N.Y.

20. FILED 6-7-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-29 1933 to 6-7 1933
I last saw him alive on 6-7 1933. Death is said to have occurred on the date stated above, at 3.22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis	5-28-33
Appendicular abscess	
Other contributory causes of importance:	
Cachexia	
Embolism	6-7-33

Name of operation Appendectomy Date of 5-30-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.
(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91062

CERTIFICATE OF DEATH

E 91062

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 St Paul St 3rd St.) (12-01 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Jacobson

(a) Residence: No. 1 St Paul St 3rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Jacobson

6. DATE OF BIRTH (month, day, year): May 21, 1875

7. AGE: Years 58 | Months 08 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sch 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Herman Jacobson

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Helene Hirschmon

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rita Jacobson

(Address): 1 Pine Pl

18. BURIAL, CREMATION, OR REMOVAL

Place: Rockwood Date: 6/8/33

19. UNDERTAKER: Wm. Cox & Son

(Address): 1 St Paul Pl

Filed JUN 7 1933 Hunter Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound Through Head (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address) 3 E Lexington

M. D. B. 1268-9

E 91063 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91063

Md.

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Parker Cook

(a) Residence: No. 925 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henriette MacRae

6. DATE OF BIRTH (month, day, year) Feb 16 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emma Drug Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Cook

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Jarboe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSP. Bl

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date June 8, 1933

19. UNDERTAKER John A Mitchell & Sons

(Address) 1900 Eutaw Place

Filed 19 Registrar.

JUN 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 6 '33, 19

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to June 6, 1933

I last saw him alive on June 6, 1933. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the oesophagus and cardiac end of stomach	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph E. Hills M. D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91064

E 91064

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Bolton St. St. 14-C (Ward)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marietta Swindell Myer

(a) Residence: No. 1807 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. B. Myer

6. DATE OF BIRTH (month, day, year) 4/5/1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Wm. E. Swindell

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Henrietta Mullard

16. BIRTHPLACE (city or town) Phila. (State or country) Pa.

17. INFORMANT My Edw Bondy
(Address) 1807 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6/8/33 19

19. UNDERTAKER Wm C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. [illegible] Huntington Wellington MD, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5/33 19

22. I HEREBY CERTIFY, That I attended deceased from June 4th 1933 to June 6th 1933

I last saw her alive on June 5th 1933 Death is said to have occurred on the date stated above, at 6.40 P.M.

The principal cause of death and related causes of importance were as follows:

Acute myocardiac failure
dilitation 2 hours duration.

Date of onset 6.4.33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Accident, suiride, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Na If so, specify

(Signed) E. M. Flagg M.D.

(Address) 1775 Bolton

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-1933

M. D. B. 1268-0

E 91065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-V93 E 91065

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No.) St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Valentine Weber

(a) Residence: No. 109 Aisquith St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara —

6. DATE OF BIRTH (month, day, year) Dec. 31 —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 040 —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Valentine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Brunstead

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto. City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's Date June 9 1933

19. UNDERTAKER John C. Miller (Address) 2435 E. Eldorado St

20. FILED 6-7-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6-33

22. I HEREBY CERTIFY That I attended deceased from 6-4-33 to 6-6-33

I last saw him alive on 6-6-33 Death is said to have occurred on the date stated above, at 3:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	5-1-33
Other contributory causes of importance: arteriosclerosis	2
Senile	1

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-6-33 (Signed) Elmer Highburger M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91066

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Pentalon St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter B. Durham

(a) Residence: No. 918 N. Pentalon St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Alice F. Durham (nee) (Grace)

6. DATE OF BIRTH (month, day, year) Oct. 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Mrs. John T. Meade (daughter)
(Address) 918 N. Pentalon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date June 9, 1933

19. UNDERTAKER Harry A. Wittstadt
(Address) 1101 Pennsylvania Ave.

20. FILED Huntington Rodgers, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933 to June 7, 1933

I last saw h.. alive on June 6, 1933 Death is said to have occurred on the date stated above, at 1:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	

Other contributory causes of importance:

Chronic Myocarditis

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so specify .....

(Signed) Jos. E. Shannon, M. D.

(Address) 700 N. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NT-1933

M. D. B. 1268-9

E 91067

E 91067 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 E. Eager St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Oswinkle

(a) Residence: No. 2030 E. Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Theresa Oswinkle

6. DATE OF BIRTH (month, day, year): July 28/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: John Cowan

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Joseph Oswinkle

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Susan E. Hammond

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Theresa Oswinkle, 843 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn. Date: 6/8 .19 33

19. UNDERTAKER (Address): Franklin W. Leitz, 709 E. 33rd St.

20. FILED: JUN 8 1933 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jun 5/33 .19

22. I HEREBY CERTIFY, That I attended deceased from ... .19 ... to ... .19 ...

I last saw h... alive on Probably A.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Failure	
Chr. Alcoholism	???

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... .19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John Cowan Coroner . M. D.

(Address) 508 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91068 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91068

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie Livermond

(a) Residence: No. 1410 Druid Hill Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 2-6-88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Abraham Womley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Holland

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date June 9, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St. Huntington Williams N.F.D.

20. FILED JUN 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1933 to June 6, 1933

I last saw h.. alive on June 6, 1933 Death is said to have occurred on the date stated above, at 8 a.m. [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Aortic insufficiency	
Myocardial failure.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean A. Clark M. D.

(Address) J. H. H.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NB-1933

91069 268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91069

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No.) St., (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James D. Taylor

(a) Residence: No. 10 W. Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie J.

6. DATE OF BIRTH (month, day, year): 3-7-1874

7. AGE: Years 59 | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Samuel T.

14. BIRTHPLACE (city or town) (State or country): Loudon Co. Va.

MOTHER

15. MAIDEN NAME: Laura Edwards

16. BIRTHPLACE (city or town) (State or country): Loudon Co. Va

17. INFORMANT: Record Bur. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Vienna, Va. Date: June 10, 1933

19. UNDERTAKER: Thompson Undertaking Co.

(Address) 3615-17 Eastern Ave.

20. Filed 6-10-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-6-33

22. I HEREBY CERTIFY, That I attended deceased from 3-25-33, 19 to 6-6-33, 19

I last saw him alive on 6-6-33, 19 Death is said to have occurred on the date stated above, at 2:50 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	?
Heart Disease arteriosclerotic	?
Hemorrhage into cerebrum	Apr. 1932

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

6-6-33 (Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91070 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 91070

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander K. Finnister

(a) Residence: No. 1211 Wyoming St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Eleanor Finnister

6. DATE OF BIRTH (month, day, year) Jan. 29, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	—	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton Mad. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cem. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John Finnister

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Susanne Kelle

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL East Harrisburg Cem Pa. Date 6/10/33 19

19. UNDERTAKER Philip Henrich or John Henrich

(Address) 2016 Orleans St.

20. FILED JUN 8 1933 Huntington Williamsburg Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/31, 1933 to 6/6, 1933

I last saw him alive on 6/6, 1933 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene left leg & cellulitis	3 months

Other contributory causes of importance:

Diabetes Mellitus
Arteriosclerosis C.V. disease

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. W. Gardner M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-E 91071

E 91071

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Myrtle Ave Ward 19-01)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Roberts

(a) Residence: No. 911 Myrtle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col'd

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Roberts

6. DATE OF BIRTH (month, day, year) Dec 29 1888

7. AGE Years 44 Months 5 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Cynthenia Ripley

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Edna Roberts

(Address) 911 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date June 8 1933

19. UNDERTAKER Thomas S. Nelson

(Address) 1303 E Lanvale St Huntington Terrace, Md

FILED JUN 6 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

I. DATE OF DEATH (month, day, year) June 5 1933

I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on June 5 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilatation of heart 1 month

Other contributory causes of importance:

None

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Smith M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

91072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 91072

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospitals St., 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hahn

(a) Residence: No. 1916 Orleans St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Hahn

6. DATE OF BIRTH (month, day, year) Nov 29/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kulmbach, Germany

FATHER

13. NAME John Hahn

14. BIRTHPLACE (city or town) (State or country) Kulmbach, Germany

MOTHER

15. MAIDEN NAME Margaret ------

16. BIRTHPLACE (city or town) (State or country) Kulmbach. Germany

17. INFORMANT Margaret Hahn (wife)

(Address) 1916 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date June 8, 1933

19. UNDERTAKER John Ukerich

(Address) 200 E Lexington

FILED JUN 8 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6/33

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: History of Prostotectomy	7 yrs
Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. S. Hoffman Coroner M. D.

(Address) 508 E Lanvale

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91073

91073 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91073

CERTIFICATE OF DEATH

South. ✓

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2270 McCulloh St.) (Ward) 13-91

Length of residence in city or town where death occurred 50 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence E. Trout

(a) Residence: No. 2270 McCulloh St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Trout

6. DATE OF BIRTH (month, day, year) 9/17/83

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Florence Dennis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lavinia Reid
(Address) 2270 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 6/9, 1933

19. UNDERTAKER Samuel A. Hemsley
(Address) 578 N. Eutaw St.

20. FILED JUN 9 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8/33

22. I HEREBY CERTIFY, That I attended deceased from 5/29/33, 19... to 6/8/33, 19... I last saw h... alive on 6/8/33, 19... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/29/33

Other contributory causes of importance: Chronic Nephritis

Name of operation None Date of

What test confirmed the diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lee Ellis, M. D.
(Address) 524 Madison Ave.

E. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91074

E 91074 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 17-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Smith

(a) Residence: No. 118 E Eutaw St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ettone J. Smith

6. DATE OF BIRTH (month, day, year) 6-26-887

7. AGE: Years 45 | Months 7 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. H. Lafayette

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sylvia Hamilton

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Ettone J. Smith

(Address) 118 E Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 6/10 1933

19. UNDERTAKER Samuel J. Dimsky

(Address) 522 Druid Hill Ave.

20. FILED Huntington Undertaking Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th 1933

I HEREBY CERTIFY, That I attended deceased from June 1933 to June 1933

I last saw h alive on June 7 1933. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Few hours.	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Grier Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91075 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91075

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 S Curley St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Jaczek

(a) Residence: No. 39 S Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Stanislawa Jaczek

6. DATE OF BIRTH (month, day, year) March 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Vincent Jaczek.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislawa Jaczek
(Address) 39 S Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 9, 1933

19. UNDERTAKER F. C. Zagnoli
(Address) 1900 Eastern Ave

20. FILED JUN 8 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation, by wire	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Su Date of injury 6/6, 1933
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Hanging by Electric wire
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) H. L. Storrs M. D.
Coroner
(Address) 1205 E Fallsway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91076

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. 6-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Jacob M. Goldberg

(a) Residence: No. 421 N. Patterson Park Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Barney

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records Balto City Hospitals (Address) Hill Rd

18. BURIAL, CREMATION, OR REMOVAL Shaw Memorial Park Place Date 6-8- 1933

19. UNDERTAKER Jacob Levin Inc (Address) 1734 Eutaw Pl

20. FILED 19 Registrar

N 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-33

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1933 to 6-7 1933

I last saw him alive on 6-7 1933 Death is said to have occurred on the date stated above, at 8.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arteriosclerotic	?
arteriosclerosis general	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-8-33 (Signed) Elmer Steinberg Jr. M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91077

E 91077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Parkmont Ave. St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Bergund

(a) Residence: No. 4405 Parkmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl H. Bergund

6. DATE OF BIRTH (month, day, year) Sept. 19 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	18	17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Katherine Gronau

(Address) 4405 Parkmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date June 10, 19 33

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

JUN 9 - 1933 Huntington Williams Inc. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 1933 to June 6, 1933 19

I last saw her alive on June 6, 1933 Death is said to have occurred on the date stated above, at 7.50am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of lungs	May
Acute dilatation of heart	20 1933

Other contributory causes of importance:

Chronic interstitial nephritis
Umbilical hernia
Acute arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert S. Webster M. D.

(Address) 6409 Belair Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91078 HEALTH DEPARTMENT—CITY OF BALTIMORE

M
V 210-00 E 91078

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St, 7 Ward) 1

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest A. Montalcone

(a) Residence: No. 3919 Parkside Drive Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 24, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Interior Decorator 53

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Montalcone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Virginia L. Hanson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Benjamin S. Foster

(Address) 2202 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date June 10, 1933

19. UNDERTAKER Richard F. Embery

(Address) 700 E. Lafayette Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of Brain	6, 4, 33
Terminal Pneumonia	6, 7, 33
Other contributory causes of importance:	
Automobile Accident	6, 4, 33

Name of operation none Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 4, 1933

Where did injury occur? Beaver Rd & Parkside Drive (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile

Nature of injury Brain contusion and shock

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Sokorayo, M. D. Coroner

(Address) 2202 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. [illegible] E 91079

E 91079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 W. Redwood St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Sutton

(a) Residence: No. 726 W. Redwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Sutton

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs V. Sutton

(Address) 726 W. Redwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Dr Cochran. Date 6/8, 1933

19. UNDERTAKER McCulloch Corp

(Address) Penn Ferguson Bldg

20. Huntington Williams, M. D.

JUN 8 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Eugene Feller, M. D. Coroner

(Address) 2139 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 91080

E 91080

HEALTH DEPARTMENT—CITY OF BALTIMORE

191

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1020 Hartford Ave ST., 10-01 WARD)

2-FULL NAME Lavina Wilkins

(a) RESIDENCE NO. 1020 Hartford Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
about	74			

8 OCCUPATION OF DECEASED 070

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer Herself

9 BIRTHPLACE (city or town) (State or country) Rocky Mt. N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Jessie M. Glass (Address) 1020 Hartford Ave.

15 Filed 8-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 33

17 I HEREBY CERTIFY, That I attended deceased from June, 1933 to June, 1933

that I last saw h[illegible] alive on June, 1933 and that death occurred, on the date stated above, at 3 30 a.m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

about a day

(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) 1 yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. Mayfield Boyd M. D.

June 8, 1933 (Address) 1027 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem' DATE OF BURIAL 6-8-1933

20 UNDERTAKER Dunn Earlam ADDRESS 916 Ba[illegible]

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

91081 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91081

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 S Charles St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie George

(a) Residence: No. 1014 S Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm P. George

6. DATE OF BIRTH (month, day, year) March 4 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrade Kersting

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine E Ulrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick A. George

(Address) Townsend & Ballman Ave

18. BURIAL, CREMATION, OR REMOVAL Brooklyn Md

Place Western Cemetery Date June 9 1933

19. UNDERTAKER John F Denny

(Address) 715 Light St

... Washington Natl Bank, Md

Registrar.

JUN 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17th 1932 to June 6th 1933

Last saw h[illegible] alive on June 6th 1933 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arthritis, chronic aortic regurgitation of heart	June 1932
Other contributory causes of importance: Bronchopneumonia (hypostatic)	about 1 week before death

Name of operation None Date of ...

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Harry Neiler M. D.

6/4/33 (Address) 224 26 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91082

CERTIFICATE OF DEATH

163 E 91082

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 18-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Marino

(a) Residence: No. 848½ W Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mike Marino

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME Malven Draguna

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Malven Draguna

(Address) 848½ W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 10 1933

19. UNDERTAKER John Greybauckas

(Address) 1423 S. Paca St

20. FILED 6-8-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 6, 1933

I last saw her alive on June 6, 1933. Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arsenic + Phenol Poisoning	6-3-33
Acute Pharyngitis + Tonsillagitis	" ?
Acute gastro enteritis	" ?
Acute Nephritis	" ?

Other contributory causes of importance:

Aspiration Pneumonia Bilateral. 6-4-33

Name of operation None Date of

What test confirmed diagnosis? Clin + Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury June 3, 1933

Did he have occasion to work? Where did injury occur? 848½ W. Lombard St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Ingestion Paris green + Cyanol

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Savage, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91083

91083

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Patapsco St. 23-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Kratzenstein

(a) Residence: No. 1030 Patapsco St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kratzenstein

6. DATE OF BIRTH (month, day, year) May 23, 1859

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
74	-	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Theodore Ginter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kathryn Wise

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Hoblitzell

(Address) 1030 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery June 9 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

FILED JUN 8 - 1933 Clinton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to June 6, 1933

I last saw her alive on June 6, 1933 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinete)	
Other contributory causes of importance:	
Exhaustion	6.4.33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. E. J. Campbell M. D.

(Address) 1644 S. Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91084

CERTIFICATE OF DEATH

X ✓ E 91084

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 Liberty Hts. Av. St. 29-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Selton Hyde

(a) Residence: No. Centreville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Hyde

6. DATE OF BIRTH (month, day, year): Aug. 12, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: No paid occupation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Jersey

FATHER

13. NAME: Edw. Hyde

14. BIRTHPLACE (city or town) (State or country): Connecticut

MOTHER

15. MAIDEN NAME: Mary Lord

16. BIRTHPLACE (city or town) (State or country): Connecticut

17. INFORMANT: Mrs. Katherine Hyde - wife
(Address): Centreville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Centreville Md. Date: 6/10/, 1933

19. UNDERTAKER: Barton Bros.
(Address): Centreville Md.

JUN 8 - 1933

L[illegible], 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from about 2 years ago 19 to June 7, 1933

I last saw him alive on June 7, 1933. Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease: mitral insufficiency	8 yrs. ago

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Physical signs and symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. Shemwell, M. D.

(Address) 3310 Tioga Parkway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91085

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2221 Berlin St. (Ward) 25-W

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie St. James

(a) Residence: No. 2221 Berlin St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm C. James Jr

6. DATE OF BIRTH (month, day, year): Oct 4th - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (3)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Jacob Arnold

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Allen

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Wm C. James Jr
(Address) 2221 Berlin St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: 6/10/33

19. UNDERTAKER: K. Wilson & Son
(Address) 2333 Edmondson Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30 1933 to June 7 1933

I last saw her alive on June 7, 19... Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	June 5 1933
Other contributory causes of importance: Chronic Nephritis about	3 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or [redacted] public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E. Finkelman M. D.

(Address) 2002 N. Fremont

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2'00R

E 91086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91086

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 E 22nd St. 12th (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Clay Ward Jr

(a) Residence: No. 305 E 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Hinsa Ward

6. DATE OF BIRTH (month, day, year) Sept 29 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Roman Ward

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Ann Lowson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Henry Clay Ward Jr
(Address) 305 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date June 9 1933

19. UNDERTAKER Chas. S. Black
(Address) 742 W. North ave

N 8 1933 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to June 7 1933

I last saw him alive on June 6 1933 death is said to have occurred on the date stated above, at 7-10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis.	6/6/33
Other contributory causes of importance: General arteriosclerosis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) George A. Dawden, M. D.

(Address) 323 Medical Arts Bldg.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91087

CERTIFICATE OF DEATH

93-003 E 91087

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1710 E. Hoffman St. (Ward) 9-01

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U.S. If of foreign birth, ... yrs. ... mos. ... ds.

2. FULL NAME Catherine A. McAuley

(a) Residence: No. 1710 E. Hoffman St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. F. McAuley

6. DATE OF BIRTH (month, day, year) ...

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. F. Holloway

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Caughey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary E. Woodyard

(Address) 1710 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 6/9, 1933

19. UNDERTAKER Percy Sons

(Address) 1710 E. Hoffman St.

6-8-1933 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933 to June 6th, 1933

last saw her alive on June 6, 1933 death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3 mo.
Other contributory causes of importance:	
None	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) P. H. Harrman, M. D.

(Address) 1710 E. 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91088

CERTIFICATE OF DEATH

X/67 E 91088

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Biltmore 4-01 St., ? Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Martin

(a) Residence: No. New York City St., ? Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35 - 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date June 8, 1933

19. UNDERTAKER [redacted]

(Address) [redacted]

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Revolver wound of head
Suicide.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Injury 5-23, 1933

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Feller M. D.
Coroner

(Address) 2739 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 1 E 91089

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Marlborough Apts. St., 14th (Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathew Keyser

(a) Residence: No. Marlborough Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	9 10	26 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Solomon Keyser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Gump

16. BIRTHPLACE (city or town) (State or country) Ger many

17. INFORMANT Mrs. M. Meyer
(Address) Marlborough Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date June 9, 1933

19. UNDERTAKER David Sonnheim & Son
(Address) 1902 Eutaw Place.

FILED JUN 8 1933 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933 to June 7, 1933

I last saw him alive on June 6, 1933. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5 days
Chr. Nephritis	15 yrs.
Myocarditis	15 yrs.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Urban Smith, M. D.

(Address) 817 Park Ave.

M. D. B. 1268-9

E 91090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

E 91090

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Greenmount Ave Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward V. Radley

(a) Residence: No. 1118 Greenmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ or ~~Divorced~~ Widowed, (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Alberta A. Radley

6. DATE OF BIRTH (month, day, year) April 8th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72 73	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Express Co

10. Date deceased last worked at this occupation (month and year) Mar 1931

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Turin N.Y.

FATHER

13. NAME Peter Radley

14. BIRTHPLACE (city or town) (State or country) Turin N.Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Agnes L. Radley

(Address) 1118 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Evergreen Gettysburg Pa Date June 10th 1933

19. UNDERTAKER W. S. Cook

(Address) 1217 St Paul St

Huntington Williams, N.Y.

8-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932 to June 7, 1933

I last saw h~~e~~r alive on June 7, 1933 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	July 32

Other contributory causes of importance: none

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Wm Pearce M. D.

(Address) St Paul & Preston Sts.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91091

CERTIFICATE OF DEATH

5/√ E 91091

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred 50 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William Bergmann

(a) Residence: No. 1722 North Register St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-30 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired shoe maker Coop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Henry

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gerhard Bergmann
(Address) 1722 E. Register St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/10- 1933

19. UNDERTAKER H. C. Brauning Son
(Address) 1526 E. Baltimore Street

6-11-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7/1933

22. I HEREBY CERTIFY, That I attended deceased from May 31 1933 to June 7 1933

I last saw him alive on June 7 1933 Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	?

Other contributory causes of importance:

Cardiac dilatation	6-6-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. M. Magruder M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91092 VE 91092

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 St Johns Road St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minor Fairfax Heiskell Gouverneur

(a) Residence: No. 8 St Johns Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~, HUSBAND of (or WIFE of) Mary F Gouverneur

6. DATE OF BIRTH (month, day, year) Dec 15 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 11 yrs. 086

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James M. Heiskell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Estlier ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Fairfax

(Address) 8 St Johns Road

18. BURIAL, CREMATION, OR REMOVAL

Place Hillmington N. C. Date June 9th 1933

19. UNDERTAKER Henry M Jenkins Son & Co

(Address) Eutaw St-Cator Pa

20. ... Huntington Williams, M.D.
Registrar.

8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4 1933 to June 6 1933

I last saw him alive on June 7 1933 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio-Sclerosis	1919
Focal Infection Teeth	1929
Other contributory causes of importance: Bronchio-Pneumonia	June 7

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) W. Gilman Porter M. D.

(Address) 4822 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91093

91093

CERTIFICATE OF DEATH

82-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 E 20th St St., 12 Ward

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Cronin Byrne

(a) Residence: No. 340 E 20th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James F Byrne

6. DATE OF BIRTH (month, day, year): 1862

7. AGE: Years 71 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: James F. Byrne

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Sullivan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Margaret Byrne
(Address) 340 E 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jun 9 1933

19. UNDERTAKER: May W Mulfeld
(Address) 901 E 22nd St

Filed JUN 8 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to June 6, 1933.

I last saw her alive on June 6, 1933. Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Arterio Sclerosis + Hypertension

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) John A. Fetterolf M. D.

(Address) 337 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91094

HEALTH DEPARTMENT—CITY OF BALTIMORE

91094

CERTIFICATE OF DEATH

126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Mary Justitia (Marion Downing)

(a) Residence: No. Sister of Notre Dame - aquith Hall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-5-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Teacher 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roxbury Mass.

FATHER

13. NAME Denise Downing

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Dean

16. BIRTHPLACE (city or town) (State or country) Roxbury Mass.

17. INFORMANT School Sisters of Notre Dame

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Notch Cliff Md Date June 10. 1933

19. UNDERTAKER Frank A. Fink

(Address) 21 Washington Pl. Baltimore, Md.

20. FILED JUN 9 - 1933, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4th, 1933, to June 7th, 1933.

I last saw her alive on June 7th, 1933. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis - Lithiasis Biliary fistula	1928
Other contributory causes of importance:	
Cardiac Dilatation Atherosis	6/6/33

Name of operation Cholecystectomy Date of 6/5/33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Magruder M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91095

E 91095 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4306 Springwood Ave St. 26-01 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M Wrant

(a) Residence: No. 4306 Springwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Dudley E Wrant

6. DATE OF BIRTH (month, day, year) Nov 16 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Henry Hillsbuch

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Ursula Shoemaker

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Dudley Wrant Ave
(Address) 4306 Springwood

18. BURIAL, CREMATION OR REMOVAL Lawnwood Date Jun 10 1933

19. UNDERTAKER H. S. Marshall
(Address) 2039 Gilmor St

FILED JUN 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from since 1925 to June 7 1933

I last saw her alive on June 6 1933. Death is said to have occurred on the date stated above, at 5:15 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver & Pelvis — Date of onset .....

Other contributory causes of importance:

Carcinoma of Uterus about 8 yrs ago

Name of operation Pan Hysterectomy Date of .....

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. O'Connor M. D.

(Address) 1701 N Caroline

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91096 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 91096

CERTIFICATE OF DEATH

157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 E Baltimore St., 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ziegler

(a) Residence: No. 3030 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/11/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Ziegler

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Stultz

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Margaret Ziegler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place First German Congregational June 9, 1933

19. UNDERTAKER Wendell L. Dryfoos
(Address) 200 E. Eden St. Huntington, Williams, N.Y.

20. FILED June 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Malformation	
Imm. Factus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Heagney M. D.
Coroner

(Address) 305 N. Patterson Park Ave

M. D. B. 1368-9

E 91097 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91097

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Johns Hopkins Hospital Registered No.

CITY OF BALTIMORE: (No.) St. E-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Michael Schmidt

(a) Residence: No. 1320 E Fairvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/5/1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Schmidt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bell Saunders

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date . 19

19. UNDERTAKER George J. Ruth Inc. Mary T. Ruth

(Address) 1735 E. Oxford Ave.

20. FILED JUN 9 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30 1933 to June 7 1933

I last saw h[illegible] alive on June 7 1933. Death is said to have occurred on the date stated above, at 7[illegible]5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3
Hypertension	?
Vascular nephritis. chronic	?
Myocardial insufficiency	3-33
Uremia.	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Path Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Eugene M Hardy M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91098

91098

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 719 Little Gang) (Ward) 17-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Corline Green

(a) Residence: No. 719 Little Gang St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE: 80 Years | Months - | Days - | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Lenhanon

14. BIRTHPLACE (city or town) (State or country): Lenhanon

MOTHER

15. MAIDEN NAME: Wicks

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Annie Brown

(Address) 618 George St

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cem Date 6/9 . 1933

19. UNDERTAKER: Samuel J. Hemby

(Address) 378 N Bradford

20. FILED . 19 . Registrar.

JUN 9

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16 . 1933 to June 6 . 1933

I last saw her alive on June 6 . 1933 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1933
Other contributory causes of importance:	
Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Wm Bodey M. D.

(Address) 719 Little Gang St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-4

91099 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91099

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 25-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EDNA GENEVA ZEBRON.

(a) Residence: No. 3609 Leo St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24 1930.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. pt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Zebron.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Dover

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Zebron (Father)
(Address) 3609 Leo St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A. A. Cem. Date June 10 1933

19. UNDERTAKER Tilly & Zeiler Bros.
(Address) 403 E. Wolfe St.

20. FILED JUN 8 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10:40 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture of Skull	6/6/33
Other contributory causes of importance: Automobile Accident	6/6/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 6 1933
Where did injury occur? Hanover & Ostend Sts.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Auto in which she was
Nature of injury Injuries, caused instantly.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.
Coroner
(Address) 1222 E. Monument St.

M. D. B. 1268-9

E 91100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91100

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 E.North Ave. St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie G.Sagle.

(a) Residence: No. 1142 E.North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm.T.Sagle.

6. DATE OF BIRTH (month, day, year) October 6.1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary A.Grooms.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles F Chelf

(Address) 1142 E.North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date JUN 10 1933 19

19. UNDERTAKER Robert S Sittle

(Address) 2700 Edmondson Ave

20. FILED Huntington Ave Baltimore Md

JUN 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 8- 1933 19

22. I HEREBY CERTIFY, That I attended deceased from May 27 1933 to June 8 1933

I last saw h[illegible] alive on June 8 1933. Death is said to have occurred on the date stated above, at 6.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lobar pneumonia	
Left sided cerebral hemiplegia	
Chronic myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AaCo. 5-31 210B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91101

CERTIFICATE OF DEATH

E 91101

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 N. Calvert St. 12-01 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Martha Elizabeth Fox

(a) Residence: No. 2222 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Fox

6. DATE OF BIRTH (month, day, year) Dec 24 1849

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
83	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

FATHER

13. NAME John Burton

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Street

16. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

17. INFORMANT J. Lawrence Fox
(Address) 2222 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date June 10, 1933

19. UNDERTAKER Fred Ecker and Sons
(Address) 7401 Belair Road

UNDERTAKER'S LICENSE NO. 1933 Washington Wilkesboro, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to June 8, 19 33

I last saw her alive on June 7 19 33 death is said to have occurred on the date stated above, at 2:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis (senile)	some years ago
acute cardiac decompensation	6 mo. ago.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Grover M. Pitts, M. D.

(Address) 4435 Maryland Ave.

DEATH OCCURRED IN THE CITY OF BALTIMORE. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91102

CERTIFICATE OF DEATH

E 91102

Registered No. 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Wehland

(a) Residence: No. Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15th 33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			23 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Hochauer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT University Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md. Date June 1 1933

19. UNDERTAKER Floyd A. Cissel
(Address) Laurel Md.

20. FILED ... 19 ... Huntington Williams, Registrar.

N 9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3 1933 to June 5 1933

I last saw h... alive on June 5 1933. Death is said to have occurred on the date stated above, at noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2 hrs
Other contributory causes of importance:	
Aspiration	June 5

Name of operation Exploratory Date of June 5

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate. Exact statement

M. D. R. 1268-0

91103 E 91103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Balto Md St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Smith

(a) Residence: No. 705 Baker St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Herndon (dead)

6. DATE OF BIRTH (month, day, year) Nov. 15 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Orange C. Va.

FATHER

13. NAME Wm Smith

14. BIRTHPLACE (city or town) (State or country) Orange Co. Va

MOTHER

15. MAIDEN NAME Phoebe Strother

16. BIRTHPLACE (city or town) (State or country) Orange Co. Va

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Orange Co Va Date June 10 1933

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St

20. FILED JUN 9 - 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1933 to June 7 1933

I last saw her alive on June 7, 1933. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Hypertensive heart disease	?
Other contributory causes of importance: Cerebral Hemorrhage & right hemiplegia	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-8-33 (Signed) Elmer Highberger L. M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91104 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91104

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3242 Frederick Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter L. Keaton.

(a) Residence: No. 201 S. Filton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 1, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James P. Keaton.

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Roberta Vaughn.

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Laura Ross. (sister)
(Address) 201 S. Filton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 6/10 19 33

19. UNDERTAKER Frederick A. Cole
(Address) 1240 W. Lombard St

Huntington Williams, M.D.
Registrar.

20. FILED 6-12-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 .... , to ..... , 19 ....

I last saw h alive on ..... , 19 .... Death is said to have occurred on the date stated above, at 6.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation No. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M Reinhardt M. D.
6/8/33 (Address) 1017 N. Charles St. Coroner

M. D. F. 12-05

91105

HEALTH DEPARTMENT—CITY OF BALTIMORE

91105

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 W La Fayette St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nora Mussig

(a) Residence: No. 647 W La Fayette St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jo Lin Williams

(Address) 647 W La Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date June 9 1935

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on May 26 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
Cirrhosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91106

E 91106

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals St., (Ward) 18-21

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Braddie Benson

(a) Residence: No. 710 Mosher St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington, Md. Date June 9 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1933 to 6-7 1933

I last saw him alive on 6-7 1933 Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pseudo tuber palsy	1917 ?
cerebro vascular renal	
Other contributory causes of importance:	
Bronchopneumonia	6-1-33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-7-33 (Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospitals

NO-1933

M. D. B. 1268-9

E 91107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91107

95-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 27-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes V. Bilzer

(a) Residence: No. 5304 Morella Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. Bilzer

6. DATE OF BIRTH (month, day, year) Sept 22 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm T Welsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Regina Hundle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robt E Bilzer

(Address) 5304 Morella Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 6/12 1933

19. UNDERTAKER Leonard J Rush

(Address) 505 Hanover St

FILED JUN 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30 1933 to June 8 1933

I last saw her alive on June 8 1933. Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Albert Kornish M. D.

(Address) St Josephs Hosp

E 91108

1108

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1410 Park Avenue ST. 14-01 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Emily Dryden Veasey

(Residence in Baltimore: No. 1410 Park Avenue St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word): widowed

6 DATE OF BIRTH: July (Month) 23rd (Day) 1848 (Year)

7 AGE: 84 yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Living at home

9 BIRTHPLACE (State or country): Somerset Co.

PARENTS

10 NAME OF FATHER: James M. Dryden

11 BIRTHPLACE OF FATHER (State or country): Somerset Co.

12 MAIDEN NAME OF MOTHER: Talitha Bevan

13 BIRTHPLACE OF MOTHER (State or country): Somerset Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. A. E. Parkhurst

(Address) 1410 Park Ave Baltimore

JUN 9 - 1933 Huntington Williams, M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 8th (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1933, to June 8th, 1933, that I saw her alive on June 8th, 1933, and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemmhage

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alice S. Parkhurst M. D.

June 8, 1933 (Address) 1410 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Salisbury, Md

DATE OF BURIAL: June 10, 1933

UNDERTAKER: J. Francis Lee

ADDRESS: Westminster Md.

Spec.—9-30—A. & Co.—250 Bks.

E 91109 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91109

CERTIFICATE OF DEATH.

V 119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp. S. 20-01 WARD)

2 FULL NAME Anthony D. Holmes

(a) RESIDENCE NO. 435 Aragona Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER C Dougherty Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Bacon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant C Dougherty Holmes
(Address) 435 S Aragona Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1933

17

I HEREBY CERTIFY, That I attended deceased from 6-4-33, 19 , to 6-8-33, 19

that I last saw h im alive on 6-8-33, 19

and that death occurred, on the date stated above, at 8:50 p. m.

The CAUSE OF DEATH* was as follows:

Marasmus—

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Malnutrition; Diarrhoea (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B W Dawbarn M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 6/12/33

20 UNDERTAKER Huntington Williams, Fayette & Paca ADDRESS Fulton & Fayette

JUN 9 - 1933

FROM IS very important. See instructions on back of certificates.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91110

CERTIFICATE OF DEATH

E 91110

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 W. Fayette St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie E. Firestone

(a) Residence: No. 1711 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Oscar F. Firestone

6. DATE OF BIRTH (month, day, year) February 12, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John A. Steiner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Brauer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edward E. Steiner

(Address) 3333 Spalding Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Christian Field, Md. Date 6/10/, 1933

19. UNDERTAKER John J. Conway & Son

(Address) 901 Fallsway

20. FILED Huntington Williams, M.D.
Registrar.

JUN 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8/, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933 to June 8, 1933

I last saw her alive on June 7, 1933 Death is said to have occurred on the date stated above, at 5:13 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	5/12/33
Arteriosclerosis	1930
Other contributory causes of importance:	
Bronchial Asthma	1933

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mavo Neile M. D.

(Address) 108 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91111

CERTIFICATE OF DEATH

E 91111

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33 24 + Calvert St. 12-01 Ward) Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. 6 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr John F Edelman

(a) Residence: No. 1923 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17, ?1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Edelman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel Burgan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary A Featherbury
(Address) 1923 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 6/10/1933

19. UNDERTAKER John J Cowan & Son
(Address) 901 Baltimore St

20. FILED Huntington Wilson 6-9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1933 to 6-8, 1933

I last saw h. alive on 6-8, 1933 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied prostate (Benign)	
Urinary obstruction	
Anuria	
Uremia	

Other contributory causes of importance:

Name of operation Insertion Mushroom Catheter Date of 6-6-33

What test confirmed diagnosis? Obstruction Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank R Stephenson M. D.
(Address) Union Memorial Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 3269-0

91112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91112

CERTIFICATE OF DEATH

V 15

Registered No. 20-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (Ward)

Length of residence in city (or town where death occurred) ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Ellen Frost.

(a) Residence: No. 1052 Walnut St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	14	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Frost.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Fuller

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT (Address) Joseph H. Frost 1052 Walnut St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 10, 1933

19. UNDERTAKER Easton Jones
(Address) Ellicott City.

20. Huntington Williams, M. D.

9 - 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to June 9, 1933

I last saw her alive on June 9, 1933. Death is said to have occurred on the date stated above, at 2:27 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis Erysipelas	May 27
Bronchopneumonia	June 6
Acute Myocarditis	June 9

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Sackman M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

E 91113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91113

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter W. Buck

(a) Residence: No. 712 Cathedral St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct. 8 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 67 yr.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Marcus Buck

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jane Bayly

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Patient (Walter W. Buck)
(Address) 712 Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL
Place Front Royal Va Date June 10 1933

19. UNDERTAKER Henry W. Jenkins Sons
(Address) McCulloh & Cathedral Sts

FILED JUN 9-1933 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9. 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 28. 1933. to 19

I last saw him alive on June 9. 1933 Death is said to have occurred on the date stated above, at 8.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-2-33.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert W. Long M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91114 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91114

CERTIFICATE OF DEATH

Registered No. 192-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1374 N. North St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis W. Miller

(a) Residence: No. 1374 W. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 8 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lexington Market

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David E.K. Miller

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Rosana Wise

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Anna C Miller

(Address) 1374 W North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date June 10 1933

19. UNDERTAKER John C Mitchell & Son

(Address) 1124 Eutaw Place

Filed JUN 9 1933 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Jabouler Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
(Specify)

(Signed) John H. Morrison M. D. Coroner

(Address) 363 W. Roland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91115

CERTIFICATE OF DEATH

183 E 91115

Registered No.

1. PLACE OF DEATH Pronounced dead at S
CITY OF BALTIMORE: (No. St. Agnes Hospital. St., 25-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bernard West.

(a) Residence: No. 3737 Wilkens Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) April 9, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	0	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md,

FATHER

13. NAME Emanuel West.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna K. Stollenmaier.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Emanuel West. (father)
(Address) 3737 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 12, 1933

19. UNDERTAKER George F. Schmidt
(Address) 710 Hollins St.

Huntington Williams, N.J.

Registrar.

JUN 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental drowning while in swimming.

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Time of injury 6/8/33 19
Where did injury occur? Blue dam. Balt. Co. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place.
Manner of injury Drowning.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner . M. D.
6/9/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 91116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91116

CERTIFICATE OF DEATH

Registered No. V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3512 Hickory St., 13-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph F. Crowford

(a) Residence: No. 3512 Hickory St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ardena Crowford

6. DATE OF BIRTH (month, day, year) 6-3-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 67

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Crowford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lillian Fletcher

(Address) 3441 Hickory av

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's (Hampden) Date June 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 9-1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Disease Heart

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Konrad M. D.
Coroner

(Address) 3632 Hickory Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91117

CERTIFICATE OF DEATH

46 E 91117

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bells General Hosp 20th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick W. Forester

(a) Residence: No. 419 Grundall St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of School

6. DATE OF BIRTH (month, day, year) Sept 11 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8 yrs	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick W. Forester
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Theresa Kroh
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frederick W. Forester.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Glen Mills Date June 11 1933

19. UNDERTAKER Edward L. Bird.
(Address) 702 W. Lafayette Ave

Huntington Williams Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1933 to 6-9 1933

I last saw h[illegible] alive on 6-9 1933 death is said to have occurred on the date stated above, at 12:15 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of mesenteric glands.	
Other contributory causes of importance:	
Peritonitis due to erosion	
Healing wound following	

Name of operation Exploratory Lap. Date of 4-16-33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Miller, M. D.
(Address) So Balto General Hosp

M. D. B. 1268-9

E 91118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91118

Registered No. [illegible]

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH U.S.Marine Hospital

CITY OF BALTIMORE: (No. Remington Ave. & Wyman Park Drive St., 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Harry W. Parks

(a) Residence: No. Churchfield, Md. St., ... Ward. Upper Fairmount, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 30, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman (Captain)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Slp. Columbia

10. Date deceased last worked at this occupation (month and year) 5-31-33

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

FATHER

13. NAME Thomas J. Parks

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

MOTHER

15. MAIDEN NAME Emily C. Price

16. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

17. INFORMANT Records U.S.Marine Hospital,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Churchfield Md Date 6/10/33

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to June 9, 1933.

I last saw him alive on June 9, 1933. Death is said to have occurred on the date stated above, at 9:00A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate and dorsal spine	About 6 mos.

Other contributory causes of importance:

Name of operation Laminectomy Date of 6-9-33

What test confirmed diagnosis Physical exam. & x-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) [illegible] M. D.
(Address) U.S.Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

9-1933

AACo. 5-H 2-08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91119

CERTIFICATE OF DEATH

E 91119

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Bolton St., Gen. Hosp. Ward) ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys Dorothy Brophy

(a) Residence: No. 1726 Johnson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 21-1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robert L. Brophy

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Gladys Kitty

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Robert L. Brophy

(Address) 1726 Johnson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 12 1933

19. UNDERTAKER Maxwell Flynn

(Address) 1424 Light St.

Huntington Williams M.D.

Registrar

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-27 1933 to 6-9 1933

I last saw h.r alive on 6-7 1933 death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	6-26-33

Other contributory causes of importance:

Abdominal Wall Abscess.	5-26-33
Intestinal Obstruction " Drainage	5-27-33

Name of operation 1. Relief of adhesions Date of 6-7-33

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Bullen M. D.

(Address) 1213 Light Street

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91120

V E 91120

139-001

Registered No. ____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Katherine Bernacka

(a) Residence: No. 5607 Fair Oaks Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 17 1867

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
65	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Charles Seibert
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Elizabeth Spann
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 12, 1933

19. UNDERTAKER Philip Hewig & Son Inc.
(Address) 2416 Eutaw Pl.

20. FILED JUN 13 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933 to June 9, 1933
I last saw her alive on June 9, 1933 Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:
Ovarian Cyst — Date of onset

Other contributory causes of importance:
Bronchopneumonia — 6/3/33

Name of operation Removal Ovarian Cyst Date of 5/23/33
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard L. Tyson, M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91121 ✓34 E 91121

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 13-81 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Hugh Morris

(a) Residence: No. 2435 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Morris

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Watkins

(Address) 2435 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 10th, 193

19. UNDERTAKER Archibald G. Gaddis

(Address) 2400 W. Lanvale St.

[illegible] Livingston Manor, N.Y.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4.10 m P.M.

The principal cause of death and related causes of importance were as follows:

Meningitis (Pneumococcic) — Date of onset .....

Other contributory causes of importance:

Congenital Leues

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 508 E. [illegible]

10533

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91122

CERTIFICATE OF DEATH

E 91122

V 137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Mc Elderry St., 76-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Werner.

(a) Residence: No. 3218 Mc Elderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo M. Werner.

6. DATE OF BIRTH (month, day, year) May 9. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Mr J. Rupp.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Frank Hessler

(Address) 3218 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 12 1933

19. UNDERTAKER Geo M Frank & Son

(Address) 811 N Wolfe St

20. FILED June 13 1933 Huntington Williams M.D. Registrar.

10153

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1933 to June 8th 1933

I last saw her alive on June 8th 1933 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	June 8 '33
Cardio-vascular-renal disease - (Arterial Hypertension & Sclerosis).	1 yr
Other contributory causes of importance: Asthmatic Bronchitis.	1 yr.
Mitral & aortic insufficiency	1 yr

Name of operation ... Date of ...

What test confirmed diagnosis? usual phys exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis J. Krumm, M. D.

(Address) 722 E. Lenwood St

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91123

CERTIFICATE OF DEATH

E 91123

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Ellwood Ave 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Redmond

(a) Residence: No. 111 N Ellwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Redmond

6. DATE OF BIRTH (month, day, year) Feby 14 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME John F Redmond Sr

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

MOTHER

15. MAIDEN NAME Mary Dillon

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Annie Redmond

(Address) 111 N Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 12 1933

19. UNDERTAKER Geo M. Talbert & Son

(Address) 1919 Pennsylvania Ave

Huntington Williams M.D.

Registrar

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1930 to June 8 1933

I last saw him alive on June 6 1933. Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7
Other contributory causes of importance:	
Cardio Renal disease	2 yrs 6 yrs

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

OCCUPATION IS VERY important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Bks.

E 91124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91124

95-002

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 873 N. Franklin ST., 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Norman

(a) RESIDENCE NO. 873 N. Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Norman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Myra Norman (daughter)

(Address) 873 N. Franklin

15 JUN 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to June 8, 1933, that I last saw h[illegible] alive on June 8, 1933 and that death occurred, on the date stated above, at 5 4 m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? do

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. McDonald, M. D.

, 19 (Address) 900 N. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL June 11, 1933

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 372 S. Schroeder St.

M. D. H. 1268-9

E 91125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186E 91125

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 9-01 Ward)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John H Filmore

2a) Residence: No. 507 E 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 30 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co. Pa.

FATHER
13. NAME John Filmore
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Mart.
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Edwin A Arndt
(Address) 1704 Barclay St

18. BURIAL, CREMATION, OR REMOVAL Place Camp Hill Pa Date June 11 1933

19. UNDERTAKER F Heimann & Son
(Address) 32 S. Broadway

20. FILED 10 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to ____ 19__

I last saw h alive on ____ 19__ Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____ 19__

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 501 E 21st

Manner of injury Inhalation of Pneumonia

Nature of injury above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____

(Signed) P. H. Heintzelman M. D. Coroner

(Address) 1305 E Fallsway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91126 E 91126

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH St. Joseph's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? 64 yrs. mos. ds.

2. FULL NAME Mrs. Caroline Klein

(a) Residence: No. 812 N. Milton Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Klein

6. DATE OF BIRTH (month, day, year): March

7. AGE: Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Louis Schwanetz

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Teresa Peck

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Jane Klein 812 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date June 12, 1933

19. UNDERTAKER: Frank Gardenhour 926 Cathedral St

20. FILED ..... 19 ..... Registrar.

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to June 9, 1933

I last saw her alive on June 7, 1933. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Thrombo Phlebitis (Lt Leg) — Date of onset 5/25/33
Pulmonary Embolism — 6/9/33

Other contributory causes of importance:

Arteriosclerosis
Chronic Interstitial Nephritis

?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Greenberg, M. D.

(Address) St. Joseph Hospital

Spec.—1-19-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91127

CERTIFICATE OF DEATH.

E 91127

126

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 N. Castle St ST. 7-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Lissy

(a) RESIDENCE NO. 940 N. Castle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lissy

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Kolar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Frances Alban

(Address) 940 N Castle St

15 Filed ..., 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1933

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1933, to June 9, 1933,

that I last saw h[illegible] alive on June 9, 1933,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Cardio-Renal Disease unknown (duration) yrs., mos ds.

CONTRIBUTORY (Secondary) Acute Cholelithiasis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

June 9, 1933 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brookwood Ill DATE OF BURIAL June 10 1933

20 UNDERTAKER Hack Brachson ADDRESS 1906 Gilmore

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 91128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91128

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Stricker ST. 16-01 WARD)

2-FULL NAME Wm. Kinf

(a) RESIDENCE NO. 920 Stricker ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kinf

6 DATE OF BIRTH (month, day, and year) Dec. 30 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 52	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bull Line

9 BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

PARENTS

10 NAME OF FATHER James Kinf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland Co. Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northumberland Co. Va.

14 Informant Elizabeth Kinf (Address) 920 Stricker St

Filed 6-10-1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-7-1933

17 I HEREBY CERTIFY, That I attended deceased from 12-5, 1932, to 6-7, 1933, that I last saw him alive on 6-6, 1933, and that death occurred, on the date stated above, at 2:40 P.M.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Pyelitis (duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Endocarditis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray lab. & physical

(Signed) Sam'l Saunders, M. D.

6-7, 1933 (Address) 1029 Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetary

DATE OF BURIAL 6/10/1933

20 UNDERTAKER Elroy A. Wilson

ADDRESS 1000 Brantley Ave

M. D. B. 1268-9

E 91129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91129

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Keating

(a) Residence: No. 208 S. East ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John J. Keating

6. DATE OF BIRTH (month, day, year) Dec 12 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	66	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Russell J. Reddish

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Burkett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Russell E. Reddish

(Address) Curtis Bay. Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 10, 1933

19. UNDERTAKER John A. Morgan

(Address) 2000 E. Baltimore St.

20. FILED ..... 19..... Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933 to June 8, 1933

I last saw her alive on June 8, 1933 Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal disease & Myocardial degeneration + dyspnea, Hyperpnea + pulmonary edema	Unknown
Other contributory causes of importance: Lobar pneumonia - R lower lobe.	6-5-33

Name of operation None Date of .....

What test confirmed diagnosis? Clin + X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Sawyer M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

91130 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91130

CERTIFICATE OF DEATH

87-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 Edgewood St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME August Schnappinger

(a) Residence: No. 747 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara A. Schnappinger

6. DATE OF BIRTH (month, day, year): July 10, 1869

7. AGE: Years 63 | Months 10 | Days 29 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Charles F. Schnappinger
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Katherine F.
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Clara A. Schnappinger 747 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL: [redacted] Date June 12 1933

19. UNDERTAKER (Address): Wm. Wachter & Sons North & Pratt sts

20. FILED ... 19... Registrar.

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25 1933 to June 9 1933

I last saw him alive on June 9 1933. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Bullar Palsy	May 25
Hypertension	?
Diffuse Sclerosis	?
Other contributory causes of importanre:	
Dothiena	?

Name of operation — Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? —

23. If death was due to external causes (violenre) fill in also the following:

Accident, suiride, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. F. Fenan M. D.

(Address) 3503 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91131

CERTIFICATE OF DEATH

131 E 91131

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1260 E. North St., 13-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Dietrich Clarke

(a) Residence: No. 1260 E. North St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Kate Clarke

6. DATE OF BIRTH (month, day, year) Sept. 23, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	16/17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 3 yrs

10. Date deceased last worked at this occupation (month and year): A

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Clarke

14. BIRTHPLACE (city or town) (State or country): Sunderland England

MOTHER

15. MAIDEN NAME: Helena C. Sinskey

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Charles Russell Clarke

(Address) 2315 Montcello Rd

18. BURIAL, CREMATION, OR REMOVAL: Date June 10 1933

Place Woodland Memorial

19. UNDERTAKER: Wm H. Ecker Sons

(Address) North & Pennsylvania Ave

20. FILED June 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1933 to June 9, 1933

I last saw h... alive on June 9 1933. Death is said to have occurred on the date stated above, at 8.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hypertension	2 yrs
Chronic Interstitial Nephritis	30
(Other contributory causes of importance: Uraemia Pulmonary and Cerebral Oedema	2 days ago

Name of operation ..... Date of ..... 19..

What test confirmed diagnosis? Physical Examination Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Greenfield M. D.

(Address) 2025 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

10 1933

M. D. B. 1268-9

E 91132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91132

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 Dolphin St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Curtis Littleton

(a) Residence: No. 329 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sallie W. Littleton

6. DATE OF BIRTH (month, day, year) May 16, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frenonica Co (State or country) Md

FATHER

13. NAME Irving Littleton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dixon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles F. Topsell

(Address) 2001 Longwood St

18. BURIAL, CREMATION OR REMOVAL

Place Western Date June 12 1933

19. UNDERTAKER Wm. F. Tuckerman Sons

(Address) Keith & Eutaw

Registrar.

20. FILED JUN 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1933 to June 9, 1933

I last saw him alive on June 9, 1933 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia	10 d

Other contributory causes of importance:

Old age & Weakness

Name of operation Physical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellis M. D.

(Address) 924 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 91133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91133

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 N. Monroe St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Raymond Marks

(a) Residence: No. 1626 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evie D. Marks.

6. DATE OF BIRTH (month, day, year) Oct. 22, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	17	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. H. Koester

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

MOTHER

13. NAME Thomas R. Marks.

FATHER

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

MOTHER

15. MAIDEN NAME William Brady

16. BIRTHPLACE (city or town) (State or country) Louisville Ky

17. INFORMANT Mrs Evie D. Marks

(Address) 1626 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Alexandria Va Date June 13- 1933

19. UNDERTAKER Wm. Tickner & Sons

(Address) North & Paca Sts

Thomas Williams N.P.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1933 to June 9 1933

I last saw h[illegible] alive on June 9 1933 Death is said to have occurred on the date stated above, at 11.05 a.

The principal cause of death and related causes of importance were as follows:

Endocarditis (Acute)

Date of onset

Other contributory causes of importance:

Chr. myocarditis

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo E Shannon M. D.

(Address) 100 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

N 101933

M. D. B. 1268-9

E 91134 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91134

CERTIFICATE OF DEATH

82-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. 7-01 Ward)

Length of residence in city or town where death occurred ..yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME [illegible]

(a) Residence: No. [illegible] St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
M	Col	Widower

5a. If ~~married~~, widowed, ~~or divorced~~
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ~ 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kentucky
(State or country)

FATHER

13. NAME Joseph Taylor

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Jane Green

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Eliza Price
(Address) 602 Pierce st.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hill Date June 10 1933

19. UNDERTAKER J. Lee W. Fedder
(Address) 1426 W. Lafayette st.

20. June 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1933, to June 1933

I last saw h... alive on June 1933. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91135 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91135

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 N. Kenwood Ave. St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HARRIETT A. MILLER

(a) Residence: No. 148 N. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Miller

6. DATE OF BIRTH (month, day, year) August 23.1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. Thos. Killman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A. LaChemaine

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr. Rudolph F. Lovell (Son)

(Address) 148 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date June 12, 1933

19. UNDERTAKER HENRY SANDER & SONS. Inc. Per J. Sander

(Address) Baltimore St. & Broadway.

20. FILED ..... 19 ..... Registrar.

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9.1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1933 to June 9 1933

I last saw h.. alive on June 1 1933 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Stomach	x to age
Carcinoma of Liver	

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. H. Meyer M. D.

(Address) 1500 E. 33rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91136

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #827 So Paca St., 21-01 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mon. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Daniel Roberts

(a) Residence: No. #827 So Paca St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Roberts

6. DATE OF BIRTH (month, day, year) Nov 14th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass worker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

FATHER

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna Roberts (Address) #827 So Paca St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 6/12/1933

19. UNDERTAKER John J Cowan & Son (Address) 901 Fallsway St

FILED ... 19... Registrar.

0 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to June 8 1933

I last saw him alive on June 7 1933. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Scapula	Jan 33

Other contributory causes of importance: Metastases to lungs

Name of operation ... Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wesley Stone, M. D.

(Address) 72 Gaither Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91137 E 91137

CERTIFICATE OF DEATH

X 115-002

1. PLACE OF DEATH Md. Gen. Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Brashears

(a) Residence: No. Westminster, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine C. Brashears

6. DATE OF BIRTH (month, day, year) Feb 24 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Brashears

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Snyder

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Date June 11 1933

19. UNDERTAKER (Address) Francis Ruff Westminster Md.

Registrar.

N 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7 1933 to June 10 1933

I last saw h[illegible] alive on June 10 1933 Death is said to have occurred on the date stated above, at 1 09 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3
Tuberculosis of Trachea	3
Other contributory causes of importance: Respiratory failure	

Name of operation Left Pneumothorax Date of operation June 7 1933

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital.

Spec.—9-30—A. & Co.—250 Bks.

91138 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91138

CERTIFICATE OF DEATH

93-004

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1900 Aliceanna St. 2-01 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME MICHAEL HYBRZYNSKI,

(a) RESIDENCE NO. 1900 Aliceanna St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	WIDOWED

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anastatia Hybrzynski,

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pozan Poland

PARENTS

10 NAME OF FATHER Michael Hybrzynski,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Jadwida Joeswiak,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Mary Hajewski,
(Address): 1900 Aliceanna St.

JUN 10 1933

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1933

17

I HEREBY CERTIFY, That I attended deceased from April 3. 1933. to June 9, 1933.
that I last saw him alive on June 8. 1933
and that death occurred, on the date stated above, at 11 45 A.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Singer M. D.

, 19 (Address) 2627 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: H. Haniaus — DATE OF BURIAL: June 12-1933.

20 UNDERTAKER: M. F. Sadowski. ADDRESS: 1740 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91139 E 91139

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Spittel.

(a) Residence: No. 1419 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXX
HUSBAND of
(XXXXXXXX Rose Spittel.

6. DATE OF BIRTH (month, day, year) September 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore City Police man. 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Spittel.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Rose Spittel. (wife)
(Address) 1419 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6/10/33 19

19. UNDERTAKER F. B. Wipperl & Son
(Address) 1300 Eutaw Place.

20. FILED 1933 Huntington Wil... Registrar 6/17/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Engina Pectoris.	
Obstruction of the Coronary Arteries.	

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

(Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91140 E 91140

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Darley ave St., 9-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. — mos. — ds. How long in U. S. If of foreign birth — yrs. — mos. — ds.

2. FULL NAME Magdalena Metz

(a) Residence: No. 1067 Darley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND (or) WIFE of the late John J. Metz.

6. DATE OF BIRTH (month, day, year) Not stated. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Seltz.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Frank J. Metz

(Address) 1067 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date June 13 1933

19. UNDERTAKER Henry Koch & Sons, Inc.

(Address) 1361 E. Eager St

20. JUN 10 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19..., to June 9, 1933.

I last saw her alive on June 9, 1933. Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angiocardiitis	1925
Other contributory causes of importance: Chronic nephritis Dropsy & Asthenia Edema	1931

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo J. Finnegan M.D.

(Address) 2808 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 7911 E 7911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Morawski

(a) Residence: No. 8 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clock Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lith

FATHER

13. NAME Ignatz morawski

14. BIRTHPLACE (city or town) (State or country) Lith

MOTHER

15. MAIDEN NAME Gonk

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart May Date June 12, 1933

19. UNDERTAKER F. W. Ozgenski

(Address) 1900 Eastern Ave

20. FILED JUN 10 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1933 to June 8, 1933

I last saw h. living on June 8, 1933 Death is said to have occurred on the date stated above, at 9.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left frontal region extending to face	
Generalized peritonitis, post operative	6/7/33

Other contributory causes of importance:

Name of operation Colostomy Date of 6/7/33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. R. Turnbull M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91142

CERTIFICATE OF DEATH

131 E 91142

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Rencheert ave 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George R. Minnick

(a) Residence: No. 2901 Rencheert Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma.	Wh.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Minnick

6. DATE OF BIRTH (month, day, year) Jan 5, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C59

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo. R. Minnick

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Theresa Stayton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Etta Minnick

(Address) 2901 Rencheert ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date June 12 1933

19. UNDERTAKER J. G. Francis & Son

(Address) 7-9 Saratoga St

JUN 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1C 1932 to June 9 1933

I last saw her alive on June 8 1933 death is said to have occurred on the day stated above, at 1.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with uremia	1930
Sclerosis	
Other contributory causes of importance:	
Arterio Sclerosis	1931

Name of operation ... Date of ...

What test confirmed diagnosis? Imp. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Dewey A. Lowe M. D.

(Address) 5304 Harford Rd

M. D. B. 1268-9

E 91143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91143

Registered No. 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Allen Carrick

(a) Residence: No. 803 Vine St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Carrick

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Susie Carrick

(Address) 803 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 6-10 1933

19. UNDERTAKER Mt Auburn Cem

(Address) Daniel Easton 916 Eutaw Pl

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4:20 PM

The principal cause of death and related causes of importance were as follows:

Acute Mellitus — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) 1300 N Patterson Pk Ave

M. D. B. 1268-9

E 91144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91144

CERTIFICATE OF DEATH

Registered No. 56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1215 N. Parish (St.) 16-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Johnson

(a) Residence: No. 1215 N. Parish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 22-1915

7. AGE: Years 17 | Months 5 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Wm R. Johnson.

14. BIRTHPLACE (city or town) (State or country): Ft Towson Md

MOTHER

15. MAIDEN NAME: Annie Burley

16. BIRTHPLACE (city or town) (State or country): Ft Towson Md

17. INFORMANT: Annie Johnson
(Address) 1215 N. Parish

18. BURIAL, CREMATION, OR REMOVAL
Place H Marks Cem Date 6-10 1933

19. UNDERTAKER: Hurst Eastern
(Address) 916 Pa Ave

20. FILED 6-10-1933 Registrar.

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 8 1933

I last saw h alive on June 1 1933 Death is said to have occurred on the date stated above, at 4 a m

The principal cause of death and related causes of importance were as follows:

Rheumatic Endocarditis — Date of onset 3 months

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Hurst M. D.
Coroner

(Address)

M. D. B. 1268-9

91145 HEALTH DEPARTMENT—CITY OF BALTIMORE

-736

CERTIFICATE OF DEATH

V/3/E 91145

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Cora Jordan

(a) Residence: No. 16 S Regester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 6/12/08

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	11 Mo.	21 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 6 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jos. Jordan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Indiana Kirby

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Gateway Cem. Date June 10. 1933

19. UNDERTAKER Henry Siegel Co. (Address) 300 E. Lexington St.

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 5, 1933

I last saw her alive on June 5, 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1930
Uremia	6/1/33

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Bl. Chem. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lazelle Jack M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

JUN 19 1933

Spec.—8-24-14—M. & T.—2000 lots.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91146

CERTIFICATE OF DEATH.

115 E 91146

1-PLACE OF DEATH Presbyterian Eye, Ear & Throat Hosp. REGISTERED NO. C

CITY OF BALTIMORE. (No. ~~6027 Pinehurst Road~~ ST.; 27-06 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Marjorie~~ Marjorie Anita Hebden

(Residence in Baltimore: No. 6027 Pinehurst Road St.; 4 yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 19, 1928 (Month) (Day) (Year)

7-AGE. 4 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, Roland Hebden Jr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore. Md.

12-MAIDEN NAME OF MOTHER Beatrice Nau

13-BIRTHPLACE OF MOTHER (State or Country), New York City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. F. Andrews

(Address) 1017 E. Baltimore St.

15- Filed ....., 193.... Registrar.

10 1933

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) – 10 (Day), 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6 – 9 1933, to 6 – 10 1933, that I saw her alive on 6 – 10 1933, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) tonsillectomy (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Geo. F. Andrews M. D.

6-10-, 1933 (Address) 1017 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, June 12, 1933

20-UNDERTAKER Geo. G. Tucker & Sons ADDRESS 1 La Grd

M. D. B. 1268-9

91147 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23E 91147

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp-01 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Terry

(a) Residence: No. 2323 Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of Florence
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Mahon

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Mahon

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Florence Terry
(Address) 2323 Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/10/ 1933

19. UNDERTAKER Mrs. Geo. H. Ireland
(Address) 1531 Druid Hill Ave

20. Filed ..... 19 ..... Registrar.

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on June 7 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Leon Smith Coroner M. D.

(Address) 1726 Eutaw Place

M. D. B. 1263-9

91148 HEALTH DEPARTMENT—CITY OF BALTIMORE 91148

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 E. Fitting St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Bowers

(a) Residence: No. 4 E. Fitting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena L. Bowers

6. DATE OF BIRTH (month, day, year) Feb. 5. 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as shipper, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME William Bowers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Holland

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena L. Bowers
(Address) 4 E. Fitting St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date June 12. 33 19

19. UNDERTAKER Margaret E. Flynn
(Address) 1822 Pigtail St.

20. FILED ... 19 ... Registrar.

JUN 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1933 to June 10th 1933

I last saw him alive on June 9th 1933 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1-15-33

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? X-ray etc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Harry Weibel M. D.

6/10/33 (Address) 1224 126 Hanover St.

M. D. B. 12654

91149 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1183E 91149

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lake Roland. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry. Dutrow Jr.

(a) Residence: No. 4965 Edgemere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15th 1922

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
10	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Dutrow

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel. Eppley.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Henry Dutrow. (Father)
(Address) 4965 Edgemere ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date 6-12th 1933

19. UNDERTAKER Mrs Chas A. J. Rohde
(Address) 2327 Edmondson ave

JUN 11 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) John Grossman M. D.
Coroner

(Address) Lake Roland

M. D. B. 1265-9

91150 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91150

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No.
(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave.) Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Rebecca Sherman

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Daniel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Elazar Schmulartz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Blair

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Levindale Date 6/6/33 19

19. UNDERTAKER (Address) Chas. Evans Inc. 1932 E. Baltimore St.

20. FILED 6 11 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 10 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 11 - 13 . 1932 to 6 - 10 . 1933

I last saw h alive on 6 - 10 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chr. card. vascular disease — Date of onset
Hemiplegia
Arteriosclerosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Kerr, M. D.

(Address) Levindale

M. D. R. 1268-0

E 91151 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91151

CERTIFICATE OF DEATH

Registered No. 33-001

1. PLACE OF DEATH Md. Gen. Hospital Grace M. Tully

CITY OF BALTIMORE: (No.) St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Grace M. Tully

(a) Residence: No. 1011 Brentwood Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry T. Tully

6. DATE OF BIRTH (month, day, year) June 7 1879

7. AGE: Years 54 | Months 0 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glendon Md

FATHER

13. NAME William Metz

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary E. Worthington

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hos. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date June 13 1933

19. UNDERTAKER Henry Koch & Sons Inc
(Address) 1201 E. Eager

20. FILED 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-6-33 19 to 6-10 1933

I last saw h[illegible] R alive on 6-10 33 19 Death is said to have occurred on the date stated above, at 10:20 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 Days
Myocardial Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible] M.D.

(Address) [illegible]

Spec.—1-10-21—MAT—1500 Blks.

E 91152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91152

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2427 Eutaw Pl (St.) 13-01 (Ward)

2-FULL NAME Moses Gladstein

(a) RESIDENCE NO. 2427 Eutaw Pl ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced: (H) HUSBAND of (or) (W) WIFE of: Lota Bessie

6 DATE OF BIRTH (month, day, and year): June 18, 1864

7 AGE: Years 69 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Saul Gladstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Helen Weinshenker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Samuel Gladstein (Address) 2234 Linden Ave

15 Filed JUN 11 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1933, to June 10, 1933, that I last saw him alive on June 10, 1933, and that death occurred, on the date stated above, at 5.35 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) 2 yrs.?, mos. ds.

CONTRIBUTORY (Secondary): Pulmonary oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical symptoms

(Signed) Frank Levinson, M. D.

6/10, 1933 (Address) 2305 Eulaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Durham N. C. DATE OF BURIAL: June 11 1933

UNDERTAKER: Sol Levinson Bro ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

N 11 1933

M. D. B. 1268-9

E 91153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91153

CERTIFICATE OF DEATH

V 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 McElderry St., 7-01 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Larry Levinson

(a) Residence: No. 3018 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah.

6. DATE OF BIRTH (month, day, year) May 13 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Levinson

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Shifria

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT May Levinson (Address) 1127 E Balto St

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date June 11 1933

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Balto St

20. FILED ... Huntington White ... Registrar

JUN 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8 1933 to June 10 1933

I last saw ... alive on June 10 1933 Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Isaac Krause M. D.

(Address) Med. Arts Bldg

M. D. B. 1268-9

B 91154 HEALTH DEPARTMENT—CITY OF BALTIMORE

54 E 91154

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 5 mos. 24 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thelma Klinger

(a) Residence: No. 1132 E. Chilton St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 12, 1921

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
11 years	56	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Harry Klinger

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lethia Krause

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mercy Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date June 12 1933

19. UNDERTAKER John Ulrich
(Address) 2008 Eutaw

20. FILED June 13 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5 1933 to June 8th 1933

I last saw her alive on June 8 1933. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximate)
Tumor of Cerebellum	

Other contributory causes of importance:

Pneumonia

Name of operation Exploration of Cerebellum Date of June 6

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard K. Zepp M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

E 91155

E 93437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Ashauer

(a) Residence: No. 2246 E North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-18-1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Ashauer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eleanora Dietrick

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Johns Hopkins Hospital
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date June 12, 1933

19. UNDERTAKER John Ulrich
(Address) 200 S Calhoun

20. FILED Huntington Williams M.D.
Registrar.

JUN 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to June 9, 1933
last saw h. in alive on June 9, 1933 Death is said to have occurred on the date stated above, at 140 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Rheumatic Heart Disease	5 mos

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. W. Nicholson M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-B 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91156 (duplicate)

E 91156

V 131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N Gay st St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Robert Stamm

(a) Residence: No. 1625 N Gay st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Elizabeth Stamm

6. DATE OF BIRTH (month, day, year) Jan 21st 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0 3 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT John S Stamm

(Address) 1720 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date June 12 1933

19. UNDERTAKER John Elliott

(Address) 240 E Lanvale St

20. FILED JUN 13 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12 1933 to June 9 1933

I last saw him alive on June 8 1933 death is said to have occurred on the date stated above, at 6.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs
General Arteriosclerosis	2 yrs
Arterial Hypertension	

Other contributory causes of importance:

Apoplexy and Uraemia	5 Days

Name of operation Date of

What test confirmed diagnosis? Physical Examination Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E Cowdrey M. D.

(Address) 2025 E North Ave

M. D. H. 1268-9

E 9115

HEALTH DEPARTMENT—CITY OF BALTIMORE 1157

CERTIFICATE OF DEATH

1911

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1732 Linden St., 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Vornle

(a) Residence: No. 1732 Linden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 20 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Edw Vornle

14. BIRTHPLACE (city or town) Vermont (State or country)

MOTHER

15. MAIDEN NAME Mabel Stedman

16. BIRTHPLACE (city or town) Hartford Conn (State or country)

17. INFORMANT Edw Vornle

(Address) 1732 Linden

18. BURIAL, CREMATION, OR REMOVAL Date June 12, 1933

Place Cathedral Cem

19. UNDERTAKER Martin Fahy Cem

(Address) 12-14 North ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	
& Gastro Enteritis	
1 Day.	

Other contributory causes of importance:

Name of operation Regular Date of .....

Was there an autopsy? No. What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D. Coroner

(Address) ..... Coroner

A&Co. 5-31 250B

E 91158 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91158

45

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S Norris St St 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. Stone

(a) Residence: No. 310 S Norris St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of late Annie Stone

6. DATE OF BIRTH (month, day, year) Oct 2-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown Stone
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Hattie Wiegner
(Address) 310 S Norris St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date June 12 1933

19. UNDERTAKER Geo. E. Bayer & Co
(Address) 1217 Baltimore St

20. FILED June 13 1933 Registrar.

11 1333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to June 10 1933
I last saw him alive on June 10 1933 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Tongue	Feb 1933

Other contributory causes of importance:

Infirmities of Age

Name of operation ..... Date of .....
What test confirmed diagnosis? Cancer Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Alfred Dunn M. D.
(Address) 1127 Woodbourne Ave

M. D. B. 1268-9

E 91159

91159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore, Md. St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Newton

(a) Residence: No. 10 North Mount St., Baltimore, Md. Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B.Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 5-11-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Newton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rosie Travers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Westmoreland Co Va Date June 12 1933

19. UNDERTAKER Robert F. Williams

(Address) 1515 McElderry St

20. FILED 19 Williams

11533

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 19 33

22. I HEREBY CERTIFY, That I attended deceased from August 23rd 1932 to June 10 19 33

I last saw him alive on June 10 19 33 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease, aortic insufficiency with decompensation	Prior to 8-23-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin.find Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Gordon T. Abbott M. D.

(Address) U.S.Marine Hospital, Balto. Md.

Spec.—1-30—M. & T.—250 Blks

E 91160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91160

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 N. Eden ST. 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Aslain

(a) RESIDENCE NO. 1205 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice Aslain

6 DATE OF BIRTH (month, day, and year) March 4, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	54	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dalton Ga.

PARENTS

10 NAME OF FATHER Thomas Aslain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dalton Ga

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dalton Ga

14 Informant Alice Freeman (Address) 1205 N Eden St

15 Filed JUN 1933, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/33.

17 I HEREBY CERTIFY, That I attended deceased from 5/29, 1933, to 6/9, 1933.,

that I last saw him alive on 6/9, 1933.,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Sigel Eitman, M. D.

, 19 (Address) 1302 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery — DATE OF BURIAL June 12 1933

20 UNDERTAKER Robert T. Williams — ADDRESS 1515 McElderry

M. D. B. 1268-9

91161

HEALTH DEPARTMENT—CITY OF BALTIMORE

91161

XV/55

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Davis

(a) Residence: No. Towson, Md. 442 E. Penna Ave Ward Towson Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maud Davis

6. DATE OF BIRTH (month, day, year) Aug 3/1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31 ~~32~~	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith 006

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Louis Davis

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Nancy Bullet

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Maud Davis
(Address) 442 E. Penna Ave Towson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 6/11/33 19

19. UNDERTAKER Mrs. Geo. A. Holland
(Address) 1631 Druid Hill Ave

20. FILED 6/11/33 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8/33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Gas Bacillis infection of neck due to dental abcess	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. Hayes, M. D.
Coroner

(Address) 508 E Mnd ...

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12 23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91162

91162

CERTIFICATE OF DEATH.

131 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 908 N Fremont ST. 16-01 WARD)

2-FULL NAME Susan Henson

(a) RESIDENCE NO. 908 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) Sept 20 - 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	87	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Laura Gilchman 908 N. Fremont St

15 Filed JUN 11 1933. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1933

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 7, 1933, that I last saw h[illegible] alive on June 8, 1933, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) 0

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Urinary tests

What test confirmed diagnosis?

(Signed) John D. Stewart M. D.

June 3 1933 (Address) 704 N Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Mt. Auburn

DATE OF BURIAL 6/12/1933

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 163 Druid Hill

M. D. B. 1268-9

E 91163

E 91163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 N. Lakewood Av St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Caroline Thill

(a) Residence: No. 32 N. Lakewood Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Victor Thill

6. DATE OF BIRTH (month, day, year): June 13-1859

7. AGE: Years 73 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Klockfel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Elizabeth Hock

(Address) 32 N. Lakewood Av

18. BURIAL, CREMATION, OR REMOVAL.

Place: Holy Redeemer Date: June 13, 1933

19. UNDERTAKER: J. F. Lilliance

(Address) 1003 E. Baltimore St

1 1933 Hampton Nitrauer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-9-33 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-33 to 6-10-33

I last saw h[illegible] alive on 6-9-33 19. Death is said to have occurred on the date stated above at .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	2 yrs
Hypertension	

Other contributory causes of importance:

arteriosclerosis	10 yrs

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Fred Rusche M. D.

(Address) 100 W. Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 91164

E 91164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph L. Ward

(a) Residence: No. 770 E. 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17, 1893

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	40	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Healy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Connelly
(Address) 770 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 13, 1933

19. UNDERTAKER J. L. Middleton
(Address) 2305 E. Baltimore St.

JUN 11 1933, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933 to June 9, 1933

I last saw him alive on June 9, 1933. Death is said to have occurred on the date stated above, at 8:58 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	?
Other contributory causes of importance:	
Chronic Nephritis	?

Name of operation None Date of —

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. H. Goodman M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

E 91165

Lusang.

E 91165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Lusang

(a) Residence: No. 408 E Franklin St. Hagerstown, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. ~~Husband~~, widow ~~or widower~~ of Curtis L Dusang

6. DATE OF BIRTH (month, day, year) June 2, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	59	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Security Md

FATHER

13. NAME Reuben Koontz

14. BIRTHPLACE (city or town) (State or country) Security Md

MOTHER

15. MAIDEN NAME Alice Baker

16. BIRTHPLACE (city or town) (State or country) Security Md

17. INFORMANT Mrs. Ruth Jones

(Address) 408 E. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Funkstown Date 6/14, 1933

19. UNDERTAKER E. M. Snyder & Sons

(Address) Funeral Directors Maryland

20. FILED 1933 Huntington Williams M.D. Registrar.

N 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27th, 1933 to June 11th, 1933

I last saw h[illegible] alive on June 11th, 1933 Death is said to have occurred on the date stated above, at 7 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Ovarian Cyst Left	?
Other contributory causes of importance:	
Intestinal Obstruction	6 11 33

Name of operation Exploratory Date of 6-2-33 6 12 33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Andrew W. France M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-9

91166

HEALTH DEPARTMENT—CITY OF BALTIMORE

91166

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Medley

(a) Residence: No. 201 E. Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of John W. Medley

6. DATE OF BIRTH (month, day, year) ? 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. a

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

FATHER

13. NAME Joseph S. Harris

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

MOTHER

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

17. INFORMANT John S. Button
(Address) 2000 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Marlboro Md. Date June 13th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

19. FILED JUN 12 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1933 to 6/7 1933

I last saw her alive on 6/1 1933. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum.	?
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

✓ E 91167

91167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Saratoga St. 30-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Conway

(a) Residence: No. 2683 Saint Benedict St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) April 3rd 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation. X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Conway

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Edna Knight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edna Conway

(Address) 2683 St Benedict St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933 to June 11 1933

I last saw him alive on June 11 1933. Death is said to have occurred on the date stated above, at 2:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia about	June 7

Other contributory causes of importance:

None

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Morris B. Schnitker M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

JUN 12 1933

M. D. B. 1268-0

E 91168

E 91168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St 27-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C Saunders

(a) Residence: No. 3012 Clearview Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louise Saunders

6. DATE OF BIRTH (month, day, year) Nov 22nd 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cold Storage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Wm Saunders

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah D. Philcoat

16. BIRTHPLACE (city or town) Parkton (State or country) Md.

17. INFORMANT Louise Saunders

(Address) 3012 Clearview ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 12th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

UNTIL 1933 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to June 9, 1933

I last saw h~~e~~ alive on June 9, 1933 Death is said to have occurred on the date stated above, at 5 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kennard M. D.

(Address) St Josephs Hosp

M. D. B. 1280

91169

✓ E 91169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W P & H St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcus Baer Einsprueh

(a) Residence: No. W P & H St., 4010 Oakford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/10/33

7. AGE Years	Months	Days	If LESS than 1 day 45 hrs. or ..... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Henry Einsprueh

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Jacoba Tilma

16. BIRTHPLACE (city or town) Chicago (State or country) Ill.

17. INFORMANT Henry Einsprueh
(Address) 4010 Oakford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemetery Date June 12th 1933
Baltimore Co. Md.

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 12 1933 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/10/33, 19.. to 6/10/33, 19..

I last saw h.e alive on 6/10/33, 19.. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
asphyxia - atelectasis	
Pn.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. C. Hewes M. D.

(Address) 3907 Fallsway

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

91170 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E 91170

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2442 Woodbrook ave St. 13-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adalphus Woodward

(a) Residence: No. 2442 Woodbrook ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	67	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Thos Woodward
14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMANT Margaret Woodward, Wife
(Address) 2442 Woodbrook ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 13, 1933

19. UNDERTAKER Mrs. Robt G. Elliott
(Address) 1129 N. Carrollton Ave

20. FILED Huntington Williams M.D. Registrar.

N 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 1933, to 6/10, 1933

I last saw h.. alive on 6/9 1933, death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate + Stomach	
Other contributory causes of importance: Gastric Hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B M Rhett M. D.

(Address) 2134 E Fayette

M. D. B. 1268-9

E 91171

91171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Balto. Md St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Lightfoot

(a) Residence: No. Windsor Court apt. Garrison and Windsor ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) 10-10-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	63	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ann

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date June 12 1933

19. UNDERTAKER Mrs R. A. Elliott (Address) 1129 N. Caroline st.

20. FILED 6-12 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-33

22. I HEREBY CERTIFY, That I attended deceased from 5-24-33 to 6-9-33

I last saw him alive on 6-9 1933 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	6-9-33
Carcinoma of stomach	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

6-No-33 If so, specify

(Signed) Elmer Hirshberger M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

R A&Co. 5-11 250B

91172 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23E 91172

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 W. Lanvale st. St. 16-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Currie Howard

(a) Residence: No. 1725 W. Lanvale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-17-'1901

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	32	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Const.

10. Date deceased last worked at this occupation (month and year) ? Unknown

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Florence S.C.

FATHER

13. NAME Vander Howard.

14. BIRTHPLACE (city or town) (State or country) Marion, S.C.

MOTHER

15. MAIDEN NAME Jennie Gurley

16. BIRTHPLACE (city or town) (State or country) Florence, S.C.

17. INFORMANT Vander Howard (Farther)
(Address) 1725 W. Lanvale st.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Olivet Date: 6 12 1933

19. UNDERTAKER Denny Eaton
(Address) 916 Pa ave

20. FILED Hunter Williams, M.D.
JUN 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30th. 1933 to June 10th. 1933

I last saw h. im alive on June 10th. 1933 Death is said to have occurred on the date stated above, at 12.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.C.	Unknown

Other contributory causes of importance:

Name of operation Physical Exam. Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st.

N 12 1933

M. D. B. 1208-9

E 91173 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91173

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Sankus

(a) Residence: No. 60 S. Washington Blvd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Sankus
(Address) 56 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 13 1933

19. UNDERTAKER John Grebhauckas
(Address) 422 S. Paca St.

JUN 12 1933 Huntington Avenue, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. F. Fuller Coroner, M. D.
(Address) 4 W. Madison St.

Spec. 2-29-28—L. F. S.—500 Bks.

E 91174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 91174

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 802 W. Saratoga ST., (18-01 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Perdine Holland

(a) RESIDENCE NO. 802 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): July 10th 1932

7 AGE: Years — Months: 10 — Days: 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): Not Employed

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Harry Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Perdine Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cambridge Maryland

14 Informant: Mrs. Perdine Holland

(Address) 802 W. Saratoga

15 Filed JUN 12 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10th 1933

17 I HEREBY CERTIFY, That I attended deceased from June 10th 1933, to June 10th 1933, that I last saw her alive on June 10th 1933 and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary): Epidemic

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of none

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J. T. Gunn M. D.

19 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: June 12, 1933

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3221 Echodale St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91175 E 91175

CERTIFICATE OF DEATH

191 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Stokes

(a) Residence: No. 303 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of Ethel Stokes
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 10/1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Track Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ruffin, N.C.

FATHER

13. NAME Wallace Stokes

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME ------- Smith

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Ethel Stokes
(Address) 303 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Date June 12 1933

19. UNDERTAKER Bernard R. Stanley
(Address) 818 Druid Hill Ave.

Huntington Williams, Jr.
Registrar.

JUN 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thermic Fever (Heat Prostration)	about 18 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Walter Coroner . M. D.

(Address) 508 E. Fayette

Spec.—9-30—A. & Co.—250 Blks.

E 91176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91176

CERTIFICATE OF DEATH.

23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 West Saratoga St. 4-01 WARD)

2. FULL NAME Bessie Lyle

(a) RESIDENCE NO. 644 West Saratoga St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles Lyle

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33 years	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Had Home

9 BIRTHPLACE (city or town) (State or country) Balto Md. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rosie Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Rosie Rose
(Address) 744 Saratoga St

15 Filed ..., 19... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9-33

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1933, to June 9, 1933, that I last saw h[illegible] alive on June 8, 1933, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum test

(Signed) H. W. Bateman M. D.

1933 (Address) 1225 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery Amet.

DATE OF BURIAL June 12th 1933

20 UNDERTAKER 1010 Brantley ave E. D. Wilson

ADDRESS

M. D. B. 1261-9

E 91177

E 91177 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 N. Eden St. 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah M. Schaub

(a) Residence: No. 1418 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Schaub

6. DATE OF BIRTH (month, day, year) Jan 27 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Wm. Cunningham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Brennan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Andrew J. Schaub

(Address) 1418 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 14 1933

19. UNDERTAKER Edgar W. Conkling

(Address) 224 E. Eager St.

FILED JUN 12 1933 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6th 1933 to June 11 1933

I last saw h[illegible] alive on June 10, 1933 Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of left middle cerebral artery with monoplegia R. arm, paralysis R. side face + motor aphasia	6/6/33
Other contributory causes of importance: Arterio sclerosis with Hypertension	?

Name of operation None Date of —

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Wm. P. Geraghty M. D.

(Address) 2225 Pt. Pleasant St

M. D. B. 1568-9

E 91178

E 91178 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Garrett Ave 9-01 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Augustus~~ John G. Adolphus

(a) Residence: No. 2607 Garrett Ave, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jennie L. Kauffman

6. DATE OF BIRTH (month, day, year) April 3, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tally Man B & O R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year) 9/32

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Augustus J. Adolphus

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhemina Cook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jennie L. Adolphus

(Address) 2607 Garrett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date June 13, 1933

19. UNDERTAKER Edgar W. Conklin

(Address) 924 Eutaw St.

20. FILED JUN 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1933, to June 10th, 1933.

I last saw him alive on June 3, 1933. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation, Myocarditis, Arteriosclerosis	June 1932

Other contributory causes of importance:

Acute Cardiac Dilatation	June 9, 33

Name of operation None Date of ~

What test confirmed diagnosis? Clinical & autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) Michael A. Abrams, M. D.

(Address) 2360 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 91179 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91179

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2646 E Hoffman (Ward) 8-A

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen George Griffin

(a) Residence: No. 2646 E Hoffman Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Theresa M. Griffin

6. DATE OF BIRTH (month, day, year) July 28 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mngr Texaco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service Sta

10. Date deceased last worked at this occupation (month and year) 046

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cairo Mills Miss

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Laura Thompson

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Mrs Stephen G. Griffin

(Address) 2646 E. Hoffman

18. BURIAL, CREMATION, OR REMOVAL Brooklyn.

Place Holy Cross Date June 14. 1933

19. UNDERTAKER Hirth & Tennyson

(Address) North & Pennsylvania

20. FILED ... 19... Huntington Wallace Registrar.

JUN 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 11th 1933

I saw h... in life on June 11th 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Appoplexy

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C Mannnger M. D.

(Address) 800 E North Ave

Spec.—9-36—A. & Co.—250 Blks.

E 91180

E 91180

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-002

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3024 Edmondson Ave. WARD 16-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wallace Elmer North

(a) RESIDENCE NO. 3024 Edmondson Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia A North

6 DATE OF BIRTH (month, day, and year): May 18, 1873

7 AGE: Years 60 | Months 0 | Days 22 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired 066

(b) General nature of industry, business, or establishment in which employed (or employer): jewelry

(c) Name of employer: salesman

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Robert North

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emily M Ramsa

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Virginia A North

(Address): 3024 Edmondson Ave

15 Filed: JUN 12 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10, 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to June 10, 1933

that I last saw him alive on June 10, 1933

and that death occurred, on the date stated above, at 10 45 P. M.

The CAUSE OF DEATH* was as follows:

arteriosclerosis.

chronic bronchitis.

about 4 yrs. mos. ds. (duration)

CONTRIBUTORY (Secondary): hypostatic pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) George F Kemp M. D.

, 19 (Address) 3030 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

DATE OF BURIAL: June 13 1933

20 UNDERTAKER: Wm J Tuckerman

ADDRESS: N & Pa

UN 12 1933

M. D. B. 1268-9

Gaff

91181

HEALTH DEPARTMENT—CITY OF BALTIMORE

91181

CERTIFICATE OF DEATH

131 V

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John J Gaff

(a) Residence: No. 1810 E Lombard St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Gaff

6. DATE OF BIRTH (month, day, year) Aug 6 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31 32	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Gaff

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Rose Nickelsman

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT May Gaff (Address) 1810 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 14. 1933

19. UNDERTAKER Martin W E Dippel Inc (Address) 37 S Eutaw St

20. FILED ....., 19.. ..... Registrar.

M 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933 to June 10, 1933

I last saw h.i.m alive on June 10, 1933 Death is said to have occurred on the date stated above, at 10.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	
Chronic renal insufficiency	Unknown
Paroxysmal hypertension	
Uraemia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Schwaab M. D.

(Address) Univ Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91182

HEALTH DEPARTMENT—CITY OF BALTIMORE

91182

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Aisquith St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ambrose B. Douglas

(a) Residence: No. 1617 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Mrs. Jennette V. Douglas

6. DATE OF BIRTH (month, day, year) Nov. 9 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Joseph P. Douglas

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Gilice

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jennette V. Douglas

(Address) 1617 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthew Cem Date June 14 1933

19. UNDERTAKER Henry Strack & Sons Inc

(Address) 201 E. Eager St

20. FILED June 12 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May ?, 1933 to June 11, 1933

I last saw him alive on June 11, 1933 Death is said to have occurred on the date stated above, at 12 40 P. m.

The principal cause of death and related causes of importance were as follows:

Anemia — Date of onset 5/1/32

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. Lee Hodgens M. D.

(Address) 1206 E. Preston

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91183

HEALTH DEPARTMENT—CITY OF BALTIMORE

91183

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Aliceanna St. 9-01 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME John F. Pietrowiak

(a) Residence: No. 1732 Aliceanna Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ Anna K. Pietrowiak

6. DATE OF BIRTH (month, day, year) Dec, 23/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	5	19/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Pietrowiak

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maryanna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna K. Pietrowiak (Wife)
(Address) 1732 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanialaus Cem. Date June 14th 19 33

19. UNDERTAKER George A. Weber
(Address) 7e[illegible] Lanvale Street

20. FILED JUN 17 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to June 11, 1933

I last saw h[illegible] alive on June 11, 1933 Death is said to have occurred on the date stated above, at 12[illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
arteriosclerosis	

Other contributory causes of importance:

Chronic nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew J. Kussmaul M. D.

(Address) 2529 East [illegible]

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Rks.

E 91184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91184

23

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

CITY OF BALTIMORE: (No. 1618 Abbotston ST., 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Estelle Burgan

(a) RESIDENCE NO. 1618 Abbotston ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Burgan.

6 DATE OF BIRTH (month, day, and year) Sept. 21- 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hester Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hattie Farrow daughter

(Address) 1618 Abbotston St

15 FILED JUN 12 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12-1933

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to June 12, 1933, that I last saw her alive on June 11, 1933 and that death occurred, on the date stated above, at 3-15 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Accompanied by) Chronic Parenchymatous Nephritis

Pneumonary Tuberculosis

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Uraemia

(Signed) Thos. Ja Stevens, M. D.

6-12, 1933 (Address) 2878 Sturgeon Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL June 12 1933

20 UNDERTAKER Philip Henry Sons John Henry ADDRESS 2016 Edmondson Ave

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91185 131 E 91185

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 514 Dawson St., 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Baldwin

(a) Residence: No. 1405 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Badge Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Badge Maker

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Baldwin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles Baldwin Brother
(Address) 1405 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date June 12 1933

19. UNDERTAKER Chas. G. Cooper
(Address) 514 N. Eutaw St.

JUN 12 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-9 1933 to 6-11 1933

I last saw him alive on 6-11 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertensive Cardiovascular Renal Disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E. Hayes, M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91186

E 91186

V. 23

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St., ... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert A. Hayes.

(a) Residence: No. 608 Josephine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Dec 1916

6. DATE OF BIRTH (month, day, year) June 10, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	9 6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Hayes.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nannie Flamer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Reubens Date 6/13 1933

19. UNDERTAKER Samuel J. Scudieri

(Address) 518 N. Bond St.

127933 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24 1932 to June 10 1933

I last saw h.. alive on 6-10-33 Death is said to have occurred on the date stated above, at 10.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	May 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stacy M. D.

(Address) Baltimore City Hospitals

91187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91187

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. Life ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Beauchamp

(a) Residence: No. 1710 Lansing Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/14/1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... mins.
	1	~~11~~ 4	27 ~~2~~ 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Otis Beauchamp

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lottie Aro

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Lottie Beauchamp
(Address) 1710 - Lansing Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 10/13/33 19

19. UNDERTAKER George J. Burke Son
(Address) 1034 [illegible]

20. FILED 6661 7 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to June 11, 1933

I last saw h alive on June 11, 1933 Death is said to have occurred on the date stated above, at 9.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (bronchial)	6-8-33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
(Address) St Josephs Hospital

M. D. B. 1268-9

E 91188 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91188

CERTIFICATE OF DEATH

V 92-001

Registered No. 28-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 Mallow Hill Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY THERESA MOXLEY

(a) Residence: No. 225 Mallow Hill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Capt. Jonathan E. Moxley

6. DATE OF BIRTH (month, day, year) Nov. 13, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John O'Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Forrest

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mamie Moxley
(Address) 225 Mallow Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date June 14, 1933

19. UNDERTAKER Chas. B. Payne & Son
(Address) 1 W. Mt. Royal Ave

JUN 12 1933 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to June 11, 1933

I last saw h[illegible] alive on June 11, 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	8 yrs
Hypertension —	4 "
Myocarditis with decompensation	2 "
Edema	2 "
Hemiplegia - Right	3 years
Other contributory causes of importance:	
Uraemic Coma.	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. L. Bonelli, M. D.

(Address) 23 N. Frederick Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 91189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186 E 91189

Registered No. 001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-94 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 23 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. King

(a) Residence: No. Darley Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced (or) WIFE of George King

6. DATE OF BIRTH (month, day, year) 1846

7. AGE: Years 87; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland

(State or country) unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT Dr. Frank Shipley

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date January 4, 1933

Place Greenlawn Cemetery

19. UNDERTAKER Edgar H. Waldorf

(Address) Carroll Mansion

Registrar.

20. FILED JAN 12 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1933, to January 12, 1933

I last saw her alive on January 12, 1933 Death is said to have occurred on the date stated above, at 12 05 a. m.

The principal cause of death and related causes of importance were as follows:

Fractured femur, right — Date of onset

Other contributory causes of importance:

Lobar pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury January 11, 1933

Where did injury occur? Home

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State)

Manner of injury Fell on floor

Nature of injury Fracture of right femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew W. Freeman, M. D.

(Address) University Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91190

E 91190

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Robinson St. 1-01 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 80 yrs. ... mos. ... ds.

2. FULL NAME Winifred Flanagan

(a) Residence: No. 7 S. Robinson St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
RUSBAND of (or) WIFE of Patrick Flanagan

6. DATE OF BIRTH (month, day, year) Sept 15 1848

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	85	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Baker

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Delia E. Shaney
(Address) 7 S. Robinson st

18. BURIAL, CREMATION, OR REMOVAL.
Place New Cathedral Date June 14 1933

19. UNDERTAKER Frank V. Fitzsimons
(Address) 2515 E. Baltimore st

12-1933 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-6-1933, to 6-10-1933

I last saw her alive on 6-10-1933 death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	6-6-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Allen C. Beetham, M. D.

(Address) 3139 E. Baltimore St.

M. D. B. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91191 E 91191

CERTIFICATE OF DEATH

V 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No. Union Memorial Hosp. St. or Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia La Sleight

(a) Residence: No. 3132 Fulford St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Anna Sleight

6. DATE OF BIRTH (month, day, year) Dec 25 1868

7. AGE Years 64 Months 6 Days 7 If LESS than 1 day, hrs. or min. 16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Keyser Bldg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) V. Va.

FATHER

13. NAME John A Sleight

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma E. Buchholz

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Lee Sleight
(Address) 3132 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 13 1933

19. UNDERTAKER Chas. E. Houston
(Address) Mount Royal Ave

20. FILED June 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 (?) 1933

I HEREBY CERTIFY, That I attended deceased from 19 to 19

that saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

I, (Signed) H. Truck M. D.
Coroner

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91192

E 91192

CERTIFICATE OF DEATH

1164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4200 Glenmore Ave (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert C. Sheerer.

(a) Residence: No. 6317 Belair St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wilhelmina Sheerer

6. DATE OF BIRTH (month, day, year) Feb 1-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gottlieb Scheerer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Holzschuher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Scheerer

(Address) 6317 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 14, 1933

19. UNDERTAKER Fred Gaston, Sr.

(Address) 7405 Belair Rd.

20. FILED 17 1933 Wilmington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 (1) 1933

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on and that death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide

Illuminating Gas

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? 4200 Glenmore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Colvin Jr. M. D. Coroner

(Address)

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91193

CERTIFICATE OF DEATH

E 91193

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6312 Brook Ave. St., 27-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME A. Estella Knauss

(a) Residence: No. 6312 Brook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George M. Knauss

6. DATE OF BIRTH (month, day, year): Aug. 16th 1882

7. AGE: Years: 50; Months: 9; Days: 26; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: Walter H. Kraft

14. BIRTHPLACE (city or town) (State or country): Balto Maryland

MOTHER

15. MAIDEN NAME: Emma V. Hammonfield

16. BIRTHPLACE (city or town) (State or country): Balto Maryland

17. INFORMANT: George M. Knauss
(Address) 6312 Brook Ave.

18. BURIAL, CREMATION, OR REMOVAL: Pl. Loudon Park Date June 14 1933

19. UNDERTAKER: Fred Lessdon Hyp.
(Address) 4101 Belair Rd.

20. Huntington Williams, M.D.
Registrar.

JUN 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932 to June 12, 1933

I last saw her alive on June 10, 1933 death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency.	2 yrs
Chronic Interstitial Nephritis	2 yrs
Other contributory causes of importance:	
Oedema of Lungs	3 days.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify —

(Signed) H. J. Shutz M. D.

(Address) 176 Collington Ave.

M. D. B. 1268-9

E 91194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91194

107-601

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Federal St. St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Ruth Snyder

(a) Residence: No. 2101 Federal St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 23, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. J. Snyder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Celia Dembinsky

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. J. Snyder
(Address) 2101 Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 6/14/33. 19

19. UNDERTAKER Harry A. Dietzler
(Address) 410 E. Edmondson Ave.

12 1933 Registered by Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1933, to June 11, 1933.
I last saw her alive on June 11, 1933. Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tracheo Bronchitis	6/5/33
Broncho Pneumonia	6/11/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Victor Goldberg M.D. M. D.

(Address) 15 W. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91195

CERTIFICATE OF DEATH

13 E 91195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals (Ward) D-A1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME Mary Samborsky

(a) Residence: No. 2012 Fountain, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Joe Samborsky

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanley Hoviac

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Hass

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Patient

(Address) 2012 Fountain

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 14, 1933

19. UNDERTAKER John M. Weber

(Address) 1401 E. Chestnut St Huntington Williamsport, Md.

N 12 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-33

22. I HEREBY CERTIFY, That I attended deceased from 6-6-33 to 6-11-33

I last saw her alive on 6-11, 1933 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Mar.
congestive	1932
Arteriosclerosis	?
Other contributory causes of importance: Chronic Nephritis	?

Name of operation None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bennett A. Stone, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 91196

Sadie Frank ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91196

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Franklin Square Hospital

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 15 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 70 yrs. ..... mos. ..... ds.

2. FULL NAME Frank Sadie

(a) Residence: No. 824½ W. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sol Frank

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Kahn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Max Kahn

(Address) 2 N. Read st

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 6/13/33

19. UNDERTAKER Leuck Funeral Home

(Address) 1439 E. Baltimore st

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1933 to 6-12, 1933

I last saw h.e.r alive on 6-12, 1933. Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Other contributory causes of importance:	
Diabetes	

Name of operation Amputation of left leg Date of op. 6-9-33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Eldred Roberts M. D.

(Address) Franklin Sq Hospital Fayette & Calhoun Sts Balto Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 91197

E 91197 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 15-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Belle Garfunkle

(a) Residence: No. 4211 Pimlico Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W Rite	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Bischow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Rendale Lyn Date 6-13-33 19

19. UNDERTAKER Jack Levin Sons

(Address) 1439 E. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5 1933 to June 12 1933

I last saw her alive on June 12 1933 Death is said to have occurred on the date stated above, at 7:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with metastasis to lungs spine & pelvis	2 years
Other contributory causes of importance: General Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Kalzenstein M. D.

(Address) Sinai Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91198

91198

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Wyman Park Apts

CITY OF BALTIMORE: (No. 40th St or Beach ave St., 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lauretta Biddle Spedden

(a) Residence: No. 40th St or Beach ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Capt Robt. M. Spedden

6. DATE OF BIRTH (month, day, year) Feb 16 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME Jonathan Biddle

14. BIRTHPLACE (city or town) (State or country) Lewisburg Pa.

MOTHER

15. MAIDEN NAME Susan Erdman

16. BIRTHPLACE (city or town) (State or country) Phila Pa.

17. INFORMANT Mr E L Norton
(Address) 120 Fifth ave New York City

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 13 1933

19. UNDERTAKER Henry N Jenkins Sons Co
(Address) 20 E Eager St Baltimore Md

20. FILED 19 Registrar.

13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11 1933

22. I HEREBY CERTIFY, That I attended deceased from 1927 to 6-11 1933

I last saw h. alive on 6-10 1933 Death is said to have occurred on the date stated above, at 2.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925 ?
Hypertension	" ?
Cerebral Hemorrhage	4-1-33

Other contributory causes of importance:

Name of operation Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Dorsey M. D.

(Address) 1129 St Paul St.

OCCUPATION is very important. See instructions on back of certificate. Each statement

Spec.—1-30—M. & T.—250 Bks

91199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91199

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 E. Chase ST. 8-01 WARD)

2-FULL NAME Cyrus Henry Carey

(a) RESIDENCE NO. 1518 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ida Carey

6 DATE OF BIRTH (month, day, and year) July 4, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	64	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co. Pa.

PARENTS

10 NAME OF FATHER Daniel Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co. Pa.

12 MAIDEN NAME OF MOTHER Jane Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Co. Pa.

14 Informant Mrs. Ida Carey (Address) 1518 E. Chase

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 33

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to June 12, 1933, that I last saw h[illegible] alive on June 12, 1933, and that death occurred, on the date stated above, at 6:15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Tubular & Interstitial Disease

Myocardial Degeneration

(duration) 2 yrs. 1 mos 6 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm. L. Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woltapa

DATE OF BURIAL June 15 1933

20 UNDERTAKER Robert E. Williams

ADDRESS 1515 McElderry St

M. D. R. 1208-0

E 91200

91200 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (16-01)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Rice

(a) Residence: No. 1204 Whatcoat st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Rice

6. DATE OF BIRTH (month, day, year): Sept. 7, 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William Rice

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Simms

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records

(Address): B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: 6-13-33

19. UNDERTAKER: Daniel Eagleson

(Address): 96 Oak ave.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933 to June 11, 1933

I last saw h... alive on June 11, 1933 Death is said to have occurred on the date stated above, at 5.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	6-11-33
Pulmonary Tuberculosis.	Oct 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Steen, M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 2598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91201

CERTIFICATE OF DEATH

E 91201

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Belvedere Ave St., 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patricia Ann Scarff

(a) Residence: No. 1209 Belvedere Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER FATHER

13. NAME Howard V. Scarff

14. BIRTHPLACE (city or town) (State or country) Balto City

15. MAIDEN NAME Helen O. Dorff

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Howard Scarff
(Address) 1209 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 16 1933

19. UNDERTAKER E. E. Marshall
(Address) 3339 Falls Road

20. FILED JUN 13 1933 Registrar Wilmer, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933 to June 12, 1933

I last saw her alive on June 12, 1933 death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Congenital Heart	Birth
Other contributory causes of importance: Bronchitis	May 16
Cardiac Decompensation	June 12

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19 ...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) George L. Wisard, M. D.

(Address) 4000 Edmondson Ave

M. D. B. 1268-9

E 91202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91202

CERTIFICATE OF DEATH

191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Oak St., 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Stilley

(a) Residence: No. 2230 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11th 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew Tilley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ann Walker

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Sarah L. Walker
(Address) 2230 Oak St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date June 14th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St.

20. FILED JUN 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23 to June 12, 1933

I last saw her alive on June 12, 1933 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat exhaustion	June 8
with	
Cardio vascular disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Stille M. D.

(Address) 2435 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

91203 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE, 83 E 91203

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1 West Redwood ST., 9-01 WARD)

2-FULL NAME Theodore G. Hart

(a) RESIDENCE NO 3218 Harford Road, ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Hart Marie Vogelsang

DATE OF BIRTH (month, day, and year) Nov. 17, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	86	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work General Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Metal Spinning
(c) Name of employer and Plating Co.

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER George K. Hart

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna M. Fleckenstein

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Germany

Informant Edward G. Hart
(Address) 1111 Valley Street

Filed JUN 13 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 19 33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental Drowning falling in Electro Plating Vat 7.
(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) probably Electric Shock Contributed with wife
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1 W Redwood

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James H Stuber M. D.
Coroner
6-12 1933 (Address) 700 E Lake

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 6/14 19 33

20 UNDERTAKER Henry W. Meares

ADDRESS 805 N. Calvert

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91204

CERTIFICATE OF DEATH

E 91204

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No. 134-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Johnson Pleasant

(a) Residence: No. 1824 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Married

5a. If married, widowed, or divorced, HUSBAND of Edward Johnson.

6. DATE OF BIRTH (month, day, year) 1905 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robt Pleasant

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date June 8. 1933

19. UNDERTAKER Undertaker Goodis
(Address) 2131 McCulloh St.

Huntington Williams N.Y.
Registrar

20. FILED JUN 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/3/33, 19..., to 6/12, 1933.
I last saw h.. alive on 6/12, 1933 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endometriosis -	5/1/33
Intestinal transplants -	
Hemoperitoneum -	
Other contributory causes of importance:	
Peritonitis -	6/1/33

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W M Bruce Lefler M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

M

E 91205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91205

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Andrew Smith

(a) Residence: No. 2555 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	✓

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 10, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mozella Hicks

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mozella Smith.

(Address) 2555 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Just 2 Jim Date 6-14-33

19. UNDERTAKER Geo. T. A. Gibson

(Address) 1338 Lemmon Street

20. FILED JUN 13 1933 Interstate Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 to 19

I last saw him alive on May 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Compound Fractured Skull

Date of onset

Other contributory causes of importance:

Struck by Automobile

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/12, 1933

Where did injury occur? Druid Hill Ave & Retreat St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto, while playing with Sled

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tierney Coroner, M. D.

(Address) 1200 E Madison St

M. D. B. 1268-6

91206 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91206

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH
CITY OF BALTIMORE: No. Balto. City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Maslowski

(a) Residence: No. 1726 S. Register St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Vincent —

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ida —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 14 1933

19. UNDERTAKER J. F. Bosenski
(Address) 1900 Eastern Ave.

FILED JUN 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-31 1933 to 6-11 1933

I last saw him alive on 6-11 1933 Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	March 1932

Other contributory causes of importance:

Name of operation None. Date of —

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

6-11-33 (Signed) Elmer Highbarger M. D.
(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

1207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E/91207

CERTIFICATE OF DEATH.

755

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 17 S. Broadway St. 2-N (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Sutherland

(a) RESIDENCE NO. 17 S. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Joel B. Sutherland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Gormley

13 BIRTHPLACE OF MOTHER (city or town) City

(State or country)

14 Informant J. Frank Batty Jr

(Address) 3003 Oakhill ave.

15 Filed 6-13 1933 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1933

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

6/12, 1933 (Address) 1363 Fellsway East

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial 6/13/1933

20 UNDERTAKER E. I. Fanning & Son ADDRESS 1938 E Lafayette Ave

M. D. H 1268-8

E 91208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91208

CERTIFICATE OF DEATH

1 82-002

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. W. 96-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jno Frederick Heller.

(a) Residence: No. 302 Mt. Olivet Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Heller

6. DATE OF BIRTH (month, day, year) March 29, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	13, 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Cyrus R Heller

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Mary Matthews

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Miss Catherine Heller

(Address) 302 Mt. Olivet Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/15/ 1933

19. UNDERTAKER John J Cowan & Son

(Address) 901 Baltimore St

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 12, 1933

I last saw him alive on June 12, 1933 Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Tuberculosis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Allerson M. D.

(Address) St. Agnes Hospital

OCCUPATION IS VERY Important. See INSTRUCTIONS on BACK of certificate.

91209 (1268-9)

E 91209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Hollins St. 30-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Murray

(a) Residence: No. 2506 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo F. Murray

6. DATE OF BIRTH (month, day, year) March 31st 1902

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
31	2	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME W. C. Stansbury

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eleanor Elsroad

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Leo F. Murray

(Address) 2506 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 6/10, 1933

19. UNDERTAKER Jos. F. Owen Sons

(Address) 1911 Pennsylvania Ave.

20. FILED JUN 13 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/1/33, 19 ... to 6/10/33, 19 ... I last saw h... alive on 6/9/33, 19 ... Death is said to have occurred on the date stated above, at 2:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	1928

Other contributory causes of importance:

Asthenia	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 801-6 Garrett Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M.D.H.S. 91210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91210

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. ..... St. 15-81 (Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grant Ruffin

(a) Residence: No. 1714 Parrish St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C. A.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unk

6. DATE OF BIRTH (month, day, year) 1/2/1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	55	5	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Lewis Ruff

14. BIRTHPLACE (city or town) (State or country) King & Queens Co Virginia

MOTHER

15. MAIDEN NAME Carolina Dabney

16. BIRTHPLACE (city or town) (State or country) King & Queen Co Virginia

17. INFORMANT Patient (Grant Ruffin)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 13 1933

19. UNDERTAKER U. A. Brooks
(Address) 1463 W. Fayette St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/9 1933 to 6/12 1933

I last saw him alive on 6/12 1933 Death is said to have occurred on the date stated above, at 10:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvulites	3/
Chr. Nephritis	1/
Arterio-sclerosis	/33
Hypertension	
Myocarditis	
Other contributory causes of importance:	
Uremia	6/9/33
Cardiac Decompensation	6/2/33
Generalized Anasarca	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91211 108 v E 91211

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward)

How long in U. S. If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. mos.

2. FULL NAME Irene Thomas

(a) Residence: No. 2223 Division St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4 1912

7. AGE Years 6 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peterstown Va

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Tracy Ford Va

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Mack Thomas Va

17. INFORMANT (Address) 2223 Division

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date June 14 1933

19. UNDERTAKER V. A. Brooks (Address) 1463 N. Carey st

20. FILED June 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 to June 11 1933

I last saw h alive on June 11 1933 at 12 m

Death is said to have occurred on the date stated above, at 12 m

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 3 Days

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leland Bowers M. D.
Coroner

(Address)

M. D. B. 1268-9

91212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91212

CERTIFICATE OF DEATH

V 129

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals) (Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estes Sykes.

(a) Residence: No. 755 Georges St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Sykes.

6. DATE OF BIRTH (month, day, year) 6/25/1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	29	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton N.C.

FATHER

13. NAME William Boyd

14. BIRTHPLACE (city or town) (State or country) Littleton N.C.

MOTHER

15. MAIDEN NAME Mildred ?

16. BIRTHPLACE (city or town) (State or country) Littleton N.C.

17. INFORMANT John Sykes (Address) 755 Georges St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 6/13 1933

19. UNDERTAKER Walter B. Spriggs
(Address) 139 Withers Alley St.

20. FILED 6/13 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/20 1933 to 6/10 1933

I last saw h.. alive on 6/10 1933 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis abscess (Left)	6 wks duration
Staphylococcus pulmonis with Multiple abscess.	
Other contributory causes of importance:	
Post operative shock.	12 hrs

Name of operation Incision & drainage Left axilla

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. M. Boyce Resident M.D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 91213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91213

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No.) ... St., ... (Ward)

Registered No. 534

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Ames

(a) Residence: No. 1261 S. Bond St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Ames

6. DATE OF BIRTH (month, day, year): 12-12-1877

7. AGE: Years 56 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Long shoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 0?4

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Smith Ames

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Annie Downing

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date June 13 1933

19. UNDERTAKER: Wendell J. Diffell

(Address) 305 Eden St

20. FILED JUN 13 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-10-33

22. I HEREBY CERTIFY That I attended deceased from 5-6-33 to 6-10-33

I last saw him alive on 6-10-33 Death is said to have occurred on the date stated above, at 6:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	Jan / Bef

Other contributory causes of importance: Syphilis Tertiary ?

Name of operation: None Date of: —

What test confirmed diagnosis: Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

6-13-33 (Signed) Elmer Higbee Jr. M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 91214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91214

CERTIFICATE OF DEATH.

71-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Mc Culloh ST. 14-01 WARD)

2-FULL NAME Marie Fields

(a) RESIDENCE NO. 1820 Mc Culloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May 31 — 1892

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71		11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Mary Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Dinah Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Alice Fields

(Address) 1820 Mc Culloh St

15 Filed JUN 13 1933, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1933

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to June 11, 1933, that I last saw h[illegible] alive on June 10, 1933, and that death occurred, on the date stated above, at 12:11 a m.

The CAUSE OF DEATH* was as follows: Pernicious Anemia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood count etc

(Signed) W. P. Hughes, M. D.

6/13, 1933 (Address) 835 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL 6/13/ 1933

20 UNDERTAKER Geo. H. Fells

ADDRESS 1612 Druid Hill Ave

M. D. B. 1268-0

E 91215 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91215

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Elizabeths Home St., 9-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Catherine McAlone, Sister M. Elizabeth

(a) Residence: No. St. Elizabeths Home Ellerslie ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced (write the word)~~
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73 yrs	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister at 165
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Elizabeth Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Interlaken New Jersey

FATHER

13. NAME Patrick McAlone
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Whild
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sisters of St. Elizabeth
(Address) St Elizabeths Home

18. BURIAL, CREMATION, OR REMOVAL Broad Ground
Place St. Elizabeths Hom. Date 6-14th 1933

19. UNDERTAKER Henry W. Jenkins & Son Co
(Address) 1 Orchard Place-Catonsville Md

20. FILED JUN 13 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1928 to June 11 1933.
I last saw her alive on June 11 1933. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Deformans Chr.	5 yrs.
Other contributory causes of importance: Chronic Endo-myocarditis	3 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Frank J. Ayd M. D.
(Address) 2005 E. Monument St

OCCUPATION is very important. See instructions on back of certificate. Each statement of cause of death must be made as nearly as may be properly classified.

Spec.—1-12-23—M&T—500 Blks.

91216

E 91216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 8-01 WARD)

2-FULL NAME Baby Gore Cox

(a) RESIDENCE NO. 1921 E Hoffman St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): baby

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months | Days | If LESS than 1 day 19 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emily Walston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant .....

(Address) .....

15 Filed JUN 13 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-1933

17 I HEREBY CERTIFY, That I attended deceased from 6-10-..., 19 33, to 6-11, 19 33

that I last saw her alive on 6-11, 19 33

and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Premature labor

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) David Weller M. D.

6/12/33 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: June 13 1933

20 UNDERTAKER .....

ADDRESS .....

M. D. B. 1268-9

E 91217

91217 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 St. Paul St. St. 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James McTeague

(a) Residence: No. 2831 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary McTeague

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Chas McTeague

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary McTeague
(Address) 2831 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date June 14th, 33

19. UNDERTAKER Chas F. Fraul & Son
(Address) 118 W. Mt. Royal Ave.

FILED JUN 13 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12th. 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 33 to June 12 19 33
I last saw h alive on June 12 19 33 Death is said to have occurred on the date stated above, at 2 57 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Chronic Nephritis	
Uremia	
Other contributory causes of importance:	
Cerebral Hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Rev. 6-9-19—H. P. Co.—1000 Blks.

91218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91218

CERTIFICATE OF DEATH.

131 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No 1211 Madison ave ~~St~~ 11-01 WARD)

2-FULL NAME Catherine W. Brown

(a) RESIDENCE No. 1211 Madison ave ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb. 22, 1860

7 AGE: 73 Years 3 Months 20 Days If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper at home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Esther Coursley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs Etta D. Brown 1211 Madison ave

15 Filed 19 Huntington Williamson, Md.

JUN 13 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1933 to June 12, 1933 that I last saw her alive on June 12, 1933 and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Arteriosclerosis.

About 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? no Clinical Symptoms

What test confirmed diagnosis?

(Signed) Wm. H. Ramsbaker, M. D.

, 19 (Address) 2740 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge DATE OF BURIAL: 6/15 1933

20 UNDERTAKER: Edward H. Rose & Bro.

ADDRESS

FION is very important. See instructions on back of certificates.

M. D. B. 1268-9

91219

HEALTH DEPARTMENT—CITY OF BALTIMORE

91219

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) (Ward) 22-01

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Brown

(a) Residence: No. 120 Hughes St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 9, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5 hrs	10	minutes	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sylvester Lewis

14. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

MOTHER

15. MAIDEN NAME Lucy Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mother

(Address) 120 W. Hughes St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 13, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933 to June 9, 1933

I last saw her alive on June 9, 1933 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity, (30 wks.)	

Other contributory causes of importance:

Premature separation of placenta

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) [illegible], M. D.

(Address) [illegible]

M. D. B. 1268-9

E 91220 **HEALTH DEPARTMENT—CITY OF BALTIMORE** M E 91220

CERTIFICATE OF DEATH

V210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~

Place University of Md Date June 13 . 19 33

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from May 20 . 19 33

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	5/20/33
Shock	5/20/33
Other contributory causes of importance:	
Automobile Accident	5/20/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 20 . 19 33

Where did injury occur? Baltimore & Central Aves
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Street accident

Manner of injury Struck by auto while walking on pavement

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2102 E Madison St Corone

M. D. B. 1268-9

91221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91221

CERTIFICATE OF DEATH

145-001

Registered No. 20-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Turner.

(a) Residence: No. 3211 Stafford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Edwin H. Turner.

6. DATE OF BIRTH (month, day, year) May 5, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster, Md.

FATHER

13. NAME Frank Nusbaum.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Ida McKenny.

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Edwin H. Turner. (husband)
(Address) 3211 Stafford St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 14 1933

19. UNDERTAKER J. Vernon Cashner
(Address) 1632 Hollins St.

20. FILED JUN 13 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June, 11, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Infection, Septicemia.	
Non criminal abortion	6/29/33

Other contributory causes of importance:
Broncho pneumonia.

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? Westminster, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leonard M. D.
6/12/33 (Address) 1017 E. Charles St. Coroner

M. D. B. 1268-9

E 91222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91222

CERTIFICATE OF DEATH 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Winchester St. 16-01 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Albert F. Spurrier

(a) Residence: No. 2822 Winchester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Wright

6. DATE OF BIRTH (month, day, year) 5/25/75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	-	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.& O. 673

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME John E. Spurrier

14. BIRTHPLACE (city or town) .....
(State or country) Md.

MOTHER

15. MAIDEN NAME Amanda Fountain

16. BIRTHPLACE (city or town) .....
(State or country) Md.

17. INFORMANT Mrs. Josephine W. Spurrier
(Address) 2822 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. Date 6/14/33 19

19. UNDERTAKER Chas. O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

131933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/1933. 19

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to June 12, 1933

I last saw him alive on June 11, 1933 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	
Dilatation of Heart	

Other contributory causes of importance:

General Sclerosis	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John A. Husband M. D.

(Address) 1219 Poplar Grove St.

M. D. B. 1268-B

E 91223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 91223

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 E Lombard St. 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Gootee

(a) Residence: No. 3503 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Carrie Gootee

6. DATE OF BIRTH (month, day, year) Feb 23 / 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55 56	3	2 / 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — packing house

10. Date deceased last worked at this occupation (month and year) — June 1 / 33

11. Total time (years) spent in this occupation — 30 yrs

12. BIRTHPLACE (city or town) (State or country) — Dorchester Co Md.

FATHER

13. NAME — John Gootee

14. BIRTHPLACE (city or town) (State or country) — Dorchester Co Md.

MOTHER

15. MAIDEN NAME — Martha Sellers

16. BIRTHPLACE (city or town) (State or country) — Dorchester Co Md

17. INFORMANT — Carrie Gootee
(Address) 3503 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 14, 1933

19. UNDERTAKER — John H. Logan
(Address) 3000 E Baltimore St.

20. FILED 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 / , 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6 / , 1933 to June 11 , 1933

I last saw h[illegible] alive on June 11 , 1933 Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 5/33

Other contributory causes of importance:

Chronic Interstial nephritis.

Name of operation — none Date of .....

What test confirmed diagnosis? Urine test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard L Eveslin M. D.

(Address) 1514 E. Baltimore St Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91224

HEALTH DEPARTMENT—CITY OF BALTIMORE

91224

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Foster ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? unknown yrs. ...mos. ...ds.

2. FULL NAME Andrew Liz Linz.

(a) Residence: No. 3509 Foster Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Linz

6. DATE OF BIRTH (month, day, year) Aug 30th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder 4th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Plamm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Linz

(Address) 3509 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date June 14 1933

19. UNDERTAKER Lilly & Julia Rec.

(Address) 409 S. Wolfe St

20. FILED 19 ...Registrar.

131933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to June 11- 1933

I last saw h.. alive on June 11- 1933 Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Nephritis	1930

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Abram J. Kedzierski M. D.

(Address) 3507 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91225
93-003
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1321 Park Ave St. 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph C. McKellip

(a) Residence: No. 1321 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

4. Color or Race: White

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of: Amanda McKellip

6. DATE OF BIRTH (month, day, year): August 25 1845

7. AGE — Years: 87 | Months: 6 | Days: 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tannerton Md

FATHER
13. NAME: James McKellip
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Mary A Adams
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Mrs C McKellip
(Address): 1321 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Cem Date: June 15 1933

19. UNDERTAKER: Henry Meyer Sons
(Address): Cor Eutaw & McCulloh Sts

20. FILED: Huntington Hillis Registrar.

131933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1930. to June 12. 1933
I last saw h~~im~~ alive on June 12 1933 June 13, 1933 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Cerebral Sclerosis	
Senility	
Myocarditis	

Other contributory causes of importance: Pulmonary Edema.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W H Wadey M. D.
(Address) 140 W Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1933 E 91226

Registered No.

1. PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. 1510 Mt Royal Ave St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma ~~Schmidt~~ Schmidt Brack

(a) Residence: No. 1510 Mt Royd Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. Brack

6. DATE OF BIRTH (month, day, year) Feb 25th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ulrich Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. F. Brack.

(Address) 1510 Mt. Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 15th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933 to June 12, 1933

that I last saw h[illegible] alive on June 12, 1933. Death is said to have occurred on the date stated above, at 1 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Fracture of femur left
at Neck

Name of operation — Date of —

Was there an autopsy? No.

Was test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall down steps at home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Marie P. Johnson M. D.

(Address) Woman's Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91227

CERTIFICATE OF DEATH

17 E 91227

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital St. 25-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Effie Duncan.

(a) Residence: No. 600 Chapel Gate Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word)
Female	white	widowed

5a. ~~If married, widowed, or divorced~~ (or) WIFE of Jackson L. Duncan

6. DATE OF BIRTH (month, day, year) Mar 8th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or min.
71	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME James C. Davis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Ann Groves

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Effie Lee Duncan

(Address) 600 Chapel Gate Lane

18. BURIAL, CREMATION, OR REMOVAL Interred Mt. Olivet Cemetery

Place Baltimore Md. Date June 15th 1933

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St.

20. FILED 6-13-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to June 13 1933

I last saw her alive on June 13 1933 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	7
Peritonitis - Localized.	
(Appendiceal abcess)	
Thrombosis pulmonary vessels	
Other contributory causes of importance:	
Toxaemia	7
Cystitis	
Incision & drainage of appendiceal abcess	

Name of operation Date of 5-23-33

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Magenheller M. D.

(Address) St. Josephs Hospital.

M. D. B. 1268-B

✓ 69228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69228

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 N. Milton Ave. St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth C. Plitt

(a) Residence: No. 1640 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Plitt

6. DATE OF BIRTH (month, day, year) Oct. 18 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
74	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ernest Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl F. Plitt (Son)
(Address) 3611 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem. Date June 14, 33

19. UNDERTAKER Jos. E. Miller & Son
(Address) 2334 Jefferson St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1933 to June 11th 1933

I last saw her alive on June 11 1933. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Broncho-Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 1514 N. Fallsway

OCCUPATION is very important. See instructions on back of certificate. Each statement of fact should be as full as possible, so that if any be properly classified. Exact statement of

M. D. B. 1268-9

✓ E 91229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91229

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, Ward) 2501

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. Channing M. Coleman

(a) Residence: No. St. Paul Apartments, Ward Seattle, Washington

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~the WIFE~~ of Mrs. Cae. Coleman

6. DATE OF BIRTH (month, day, year) Sept. 18, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Office

10. Date deceased last worked at this occupation (month and year): 1931

10a. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Ruben L. Coleman

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Elizabeth Hark

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: June 14 1933

19. UNDERTAKER: Henry W. Jenkins Son Co.

(Address): McCabe Chapel Orchard St. Huntington, Cabell Co., W. Va.

20. FILED JUN 14 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4. 24 1933 to 6. 12 1933

I last saw him alive on 6. 12 1933. Death is said to have occurred on the date stated above, at 1200 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	1928
Other contributory causes of importance:	
Myocardial failure	11-24-33

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 91230 ✓ E 91230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3707 Hillsdale Rd (St.) 26-01 (Ward)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 17 dds. How long in U. S. if of foreign birth? yrs. mos. dds.

2. FULL NAME George Washington Melinger

(a) Residence: No. 3707 Hillsdale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Hamilton Melinger

6. DATE OF BIRTH (month, day, year): Jan. 26, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retail Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 40 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Geo. W. Melinger

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary Faye Hamilton

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Robert Reitz

(Address) 3707 Hillsdale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: June 14 1933

19. UNDERTAKER: Wm. Wickter Sons

(Address) North & Pennsa Ave

Huntington Williams Nat

20. FILED: JUN 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 1933 to June 12 1933

last saw him alive on June 12 1933. Death is said to have occurred on the date stated above, at 1.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	Long ago
Spinal Thrombosis	March 1933

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Little, M. D.

(Address) 2436 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 91231

Clemmey A Heritage

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91231

CERTIFICATE OF DEATH

117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St. 11-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME Clemmey A. Heritage

(a) Residence: No. 110 Madison Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Florence Heritage

6. DATE OF BIRTH (month, day, year): 1895

7. AGE: Years 37 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): V. Va.

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Florence Heritage 110 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL: Filed Auburn Cem Date 6/15 1933

19. UNDERTAKER (Address): Samuel T. Hensley 578 N. Middle St

FILED JUN 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . saw h alive on June 12 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured Gastric Ulcer

Sepsis

Other contributory causes of importance:

Name of operation: Resection Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Unk M. D.

(Address) Coroner

M. D. R. 2263-0

91232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91232

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Druid Hillave 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Pitts.

(a) Residence: No. 1343 Druid Hillave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elsie Pitts

6. DATE OF BIRTH (month, day, year) Unk

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Pitts

14. BIRTHPLACE (city or town) (State or country) Snowhill Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elsie Pitts

(Address) 1343 Druid Hill ave.

18. BURIAL, CREMATION, OR REMOVAL

Place W. L. Lyon Lem Date 6/14 19 33

19. UNDERTAKER James T. Hunley

(Address) 528 Pitcher St

20. FILED JUN 14 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 19 33

22. I HEREBY CERTIFY, That I attended deceased from Feby 19 33 to June 11th 19 33

I last saw h alive on June 10th 19 33 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Influenza	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. H. Magruder M. D.

(Address) 14 E. Eutaw St 6-12-33

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 91233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91233

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 130 N Read St. 11-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Simms

(a) Residence: No. 130 W Read St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	62	7 8	27 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Moses Simms
14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Rachel Jackson
16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/14/33

19. UNDERTAKER Samuel Bloomfield
(Address) 578 W. Baltimore

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to June 10, 1933
I last saw him alive on June 10, 1933 Death is said to have occurred on the date stated above, at 2:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	June 1933

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did Injury occur? ... (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R Carmichael Filgiman, M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91234

91234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Princeton Pl St. 12-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jerry Preston

(a) Residence: No. 303 Princeton Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Preston

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bel Air Md

FATHER

13. NAME Jerry Preston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louise Preston
(Address) 303 Princeton Pl

18. BURIAL, CREMATION, OR REMOVAL
Mt Auburn Cem Date 6/14 19 33

19. UNDERTAKER Samuel T Hensley
(Address) 578 N Broadway

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8 Mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Fenton M. D.
Coroner

(Address) Rowe Chase

6/13/33

M. D. B. 1268-9

91235

HEALTH DEPARTMENT—CITY OF BALTIMORE 91235

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Bank St. 2-Ol Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Felix Zamenta

(a) Residence: No. 1916 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Josephine Zamenta

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	68	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Felix Zamenta
(Address) 1916 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 6/14 1933

19. UNDERTAKER William J. Fiszkowski
(Address) 1218 Eastern Ave

20. FILED JUN 14 1933 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1933 to June 12, 1933

I last saw him alive on June 12, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Jan 15, 33
Other contributory causes of importance:	

Name of operation None Date of ~

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 19...

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) Frank N. Olsen M. D.

(Address) 270 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91236

CERTIFICATE OF DEATH

V59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Watson St St. 3-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FUEL NAME Lillian Cook

(a) Residence: No. 911 Watson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of Frank Cook
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb — 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville Miss

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Sadie Conway
(Address) 1453 Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 6/14 . 1933

19. UNDERTAKER Mrs & Chas G. Bailey
(Address) 1441 Pennsylvania Ave

20. FILED JUN 14 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	

Other contributory causes of importance:

Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) B. F. Morgan M. D. Coroner

(Address) 1305 Eutaw Place

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 91237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Brooklyn 13

E 91237

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 Patapsco Ave St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee Ford

(a) Residence: No. 428 Patapsco Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret V. L. Ford

6. DATE OF BIRTH (month, day, year) Aug 11 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas J. Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth E. Cleardy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Margaret V. L. Ford
(Address) 428 Patapsco ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date June 16. 1933

19. UNDERTAKER John F Penny
(Address) 715 Light St

FILED JUN 14 1933 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1933 to June 13 1933

I last saw h alive on June 10 1933. Death is said to have occurred on the date stated above, at 5-20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	Oct. 15 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William H Scott M. D.
(Address) 4510 Pennington ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91238 X 53 E 91238

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1349 W 42nd St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin L Cole

(a) Residence: No. Jacobsville A A Co 2nd Pasadena P.O. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Lucille M Cole

6. DATE OF BIRTH (month, day, year) March 11 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dawson Chem. Wks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn md

FATHER

13. NAME William V Cole

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Zenobia N Malone

16. BIRTHPLACE (city or town) (State or country) Brooklyn Md

17. INFORMANT Mrs Etta Murphy

(Address) 1349 42nd St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 14 1933

19. UNDERTAKER John F Penley

(Address) 716 Light St

JUN 14 1933

20. Filed ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6 1933 to June 12 1933

I last saw him alive on June 10 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William A Driver M. D.

(Address) 1324 N. Lombard

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91239

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Fulton Ave St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Kirby

(a) Residence: No. 524 Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Jan 31, 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	4	12	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Kirby

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles Jones

(Address) 522½ N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 15, 1933

19. UNDERTAKER George J. Smith

(Address) 1532 Baltimore St

20. FILED JUN 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to June 12, 1933

I last saw h[illegible] alive on June 12, 1933 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Senility	

Name of operation None Date of -

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. E. Shannon M. D.

(Address) 700 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

4 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91240

E 91240

147

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-25 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Green

(a) Residence: No. 506 Archer St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced

(or) wife of Eddie Green

6. DATE OF BIRTH (month, day, year) 6/28/1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME T. Lant

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Eddie Green

(Address) 506 Archer St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/15 1933

19. UNDERTAKER Isaiah L Bromwell

(Address) 1818 W Monument St

20. FILED 6/15/33 Hunter for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2nd 1933 to June 11th 1933.

I last saw her alive on June 11th 1933 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure with dilatation	6/11/33
Pre Eclamptic Toxemia	

Other contributory causes of importance:

Name of operation Laparotomy Date of 6/10/33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward W. Warren M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 91241 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91241

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 St. Paul St., 17-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 7 ds. How long in U.S. If of foreign birth?... yrs. ... mos. ... ds.

2. FULL NAME Ellen J. McAndrews

(a) Residence: No. 2817 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bart. McAndrews

6. DATE OF BIRTH (month, day, year): - - -

7. AGE: Years 67 | Months - | Days - | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Timothy Sullivan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Ann Lee

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Nora Peters
(Address) 2817 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6/14 1933

19. UNDERTAKER: Chas. J. Meadows
(Address) 1312 Druid Hill Ave

20. FILED JUN 14 1933 H. Wm. Fox Williams, M.D. Registrar 6/13/33

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 —, 1932 to June 11, 1933

I last saw h 4 alive on June 11 1933 death is said to have occurred on the date stated above, at 6.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Laryngitis	Unknown
Pulmonary Tuberculosis	
R. Coronet Thrombosis	
Fracture of Hip	
Hemiplegia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Fall on floor in home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jefferson Buck M. D.

(Address) 5 Club Rd

AaCo. 5-31 2500B

E 91242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91242

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2596 Druid Park Drive Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .. yrs .. mos .. ds. How long in U.S. If of foreign birth? .. yrs .. mos .. ds.

2. FULL NAME George F. Krouse

(a) Residence: No. 2596 Druid Park Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Elizabeth Wittman

6. DATE OF BIRTH (month, day, year) December 25 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Geo. F. Krouse

14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Henrietta Smith

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Doris B. Hara
(Address) 3409 Altamont Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 6/15 1933

19. UNDERTAKER John F. Tighe & Sons
(Address) 1811 Eighth St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 12 33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-30, 19.., to 6 12 33, 19..

I last saw him alive on 6 12 33, 19.. death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 12 33
Cancerous metastasis to	
lungs & liver	1 1 33
Carcinoma of Stomach	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. D. Emanuel Jr., M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91243

CERTIFICATE OF DEATH

X 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Trutt

(a) Residence: No. Gambrel Rd. St., ... Ward.

(Usual place of abode) 59 yrs. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Trutt

6. DATE OF BIRTH (month, day, year) Oct 9th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Spunk

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Sophia Spunk

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Howard Trutt

(Address) German Hill Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date June 15th 1933

19. UNDERTAKER J. G. Cook

(Address) 1722 N. Patterson Park Ave

20. FILED [illegible] Registrar. By [illegible] Deputy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11 1933 to June 12 1933.

I last saw h[illegible] alive on June 12 1933. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall bladder	

Other contributory causes of importance:

Intestinal obstruction

Name of operation Exploratory Date of 5/1/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew M. Trance M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91244

CERTIFICATE OF DEATH

93-004 E 91244

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 Battery Ave. St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 24 yrs. ---- mos. ---- ds.

2. FULL NAME Joseph Frazzitta.

(a) Residence: No. 1443 Battery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of XXXXXXXXXX Frances Frazzitta.

6. DATE OF BIRTH (month, day, year) October 16, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Louis Frazzitta.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Catherine Pullizzi.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Nicholas Frazzitta. (brother)
(Address) 1226 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mur-Loth Date 6/16, 1933

19. UNDERTAKER S. F. McCully
(Address) 130 E Fort Av

20. FILED ..., 19... Huntington Williams 6/16/33
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiol Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert Reinhardt Coroner, M. D.
(Address) 1017 E. Charles St.

M. D. B. 1264-A

B 91245

Rich ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91245

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Ave St. 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vernon Rake

(a) Residence: No. 1704 Ditmars Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Mc Reed

MOTHER

15. MAIDEN NAME Mc Reed

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mc Reed

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 14. 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED ... 19... [illegible] Registrar

141333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1933 to 6-13, 1933

I last saw him alive on 6-13, 1933 Death is said to have occurred on the date stated above, at 10.30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance

Diabetes Mellitus

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. F. Hayes M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

91246

HEALTH DEPARTMENT—CITY OF BALTIMORE

91246

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital. St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E.Pyle.Sr.

(a) Residence: No. 32 E.West St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If ~~married, widowed, XXXXXXX~~ HUSBAND of ~~XXXXXXX~~: Emily Pyle.

6. DATE OF BIRTH (month, day, year) August 11,1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore,Md.

FATHER

13. NAME: William G.Pyle.

14. BIRTHPLACE (city or town) (State or country): Baltimore,Md.

MOTHER

15. MAIDEN NAME: Rose M.Rudolph.

16. BIRTHPLACE (city or town) (State or country): Baltimore,Md.

17. INFORMANT: John E.Pyle Jr.(son)
(Address) 32 E.West St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6/15 . 19 33

19. UNDERTAKER Margaret A.Flynn
(Address) 2422 Gwynn Oak Ave. Baltimore, Md.

20. FILED . 19 . Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12,1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation of a Gastric Ulcer.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 32 E.West st.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not specify

(Signed) Otto Reinhardt Coroner, M. D.

6/13/33 (Address) 1017 E.Charles st.

M. D. B. 1268-9

91247

HEALTH DEPARTMENT—CITY OF BALTIMORE

91247 QE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyden Lane Hospital

CITY OF BALTIMORE: (No. ..... St., 14-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Jones

(a) Residence: No. 226 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 11, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Allen Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME (Mrs.) Eliz. Energo

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Mother)

(Address) 2208 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 15 1933

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St

20. FILED ..... 19..... Registrar.

14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to June 13, 1933

I last saw h.. alive on June 13, 1933. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	July 30
Bronchopneumonia	June 12

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lachman M. D.

(Address) Lyden Lane Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 91248 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91248

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 W. Henrietta St. St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Carter. (C)

(a) Residence: No. 429 W. Henrietta St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXXX Millie Turner (C)

6. DATE OF BIRTH (month, day, year) May 8, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Fillmore Carter (C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME ------- Johnson. (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Millie Carter (C) wife.

(Address) 429 W. Henrietta St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westpoint Va. Date 6/14, 1933

19. UNDERTAKER Walter B. Fryer

(Address) 139 W. Lombard St.

Filed JUN 14 1933, Registrar of Vital Statistics

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so specify ...

(Signed) Otto M. Steinhardt, M. D.
Coroner

6/12/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91249

CERTIFICATE OF DEATH

M ✓

E 91249

210-062

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins St. 11-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Parhan

(a) Residence: No. 415 W Hoffman St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sussex Co Va.

FATHER

13. NAME John T Parhan

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nannie M. Green

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Nathaniel Parhan
(Address) 415 W. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Pct 1 Evg. Cem Date June 14. 1933

19. UNDERTAKER John H. Bladen
(Address) 1 & 3 S. Bladen St

20. FILED JUN 14 1933 19.. Registrar.

OCCUPATION IS VERY important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from ungiven . 19 . to . 19

I last saw h alive on ungiven . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6/9/33
Other contributory causes of importance:	
automobile Accident	6/9/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/9 . 1933

Where did injury occur? York Rd nr Townson
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street, accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2203 E Madison St

AACo. 5-H 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91250

CERTIFICATE OF DEATH

V 19E 91250

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Green Spring Ave St., 27 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Angela Raimondi

(a) Residence: No. 4904 Green Spring Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of Joseph Raimondi

6. DATE OF BIRTH (month, day, year) Aug 30th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Tamburo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Muffalitta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT E. A. Raymond

(Address) 4104 Green Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 6/16/1933

19. UNDERTAKER E. J. Fanning & Son

(Address) 1936 E. Lafayette Ave

20. FILED 6-14-1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-1933

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to June 12, 1933

I last saw her alive on June 12 1933 death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1931
Myocarditis	?

Other contributory causes of importance:

Cardiac Dilatation

Heat Exhaustion

Name of operation ... Date of ...

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) Vincent M. Messina, M. D.

(Address) 102 W Ostend St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 91251

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 56 E 91251

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Walkling

(a) Residence: No. 1725 East Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie Walkling

6. DATE OF BIRTH (month, day, year) May 3 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fred Walkling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Grotefeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bessie A. Walkling

(Address) 1725 E Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date June 16 1933

19. UNDERTAKER John Udris

(Address) 2608 Orleans

14 1933 Huntington Williams Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933 to June 13, 1933

I last saw him alive on June 13, 1933 Death is said to have occurred on the date stated above, at 12 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	?
Rheumatic endocarditis - (non-bacterial)	?
Other contributory causes of importance	
Pulmonary thrombi & multiple infarctions of the kidneys	?

Name of operation None Date of ...

What test confirmed diagnosis autopsy? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify: ...

(Signed) J. M. Wagenseller M. D.

(Address) St. Joseph's Hospital

NOTICE.—This is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91252 CERTIFICATE OF DEATH 82-001 E 91252

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Eutaw Place St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME H. Clay Wheatley

(a) Residence: No. 2109 Eutaw Place St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hetty Wheatley

6. DATE OF BIRTH (month, day, year): Feb. 26-1860

7. AGE: Years 73 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Westminster Md.

FATHER

13. NAME: Augustus Wheatley

14. BIRTHPLACE (city or town) (State or country): Westminster Md.

MOTHER

15. MAIDEN NAME: Margaret Tuley

16. BIRTHPLACE (city or town) (State or country): Westminster Md.

17. INFORMANT: Mrs. Hetty Wheatley

(Address) 2109 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Hurlock Md. Date June 15 1933

19. UNDERTAKER: Margaret D. Flynn

(Address) 2107 N. Hilton St.

JUN 14 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11 1933 to June 14 1933

I last saw h— alive on June 13 1933. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1923
Other contributory causes of importance: Cerebral hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. S. Jones M. D.

(Address) 720 E. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91253

CERTIFICATE OF DEATH

E 91253

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. (or Ward) 93-003 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gladfelter

(a) Residence: No. 5807 Halcyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Gladfelter

6. DATE OF BIRTH (month, day, year) 10-9-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME John Lancaster
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Allen Parker
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 16 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 14 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14 1933

22. I HEREBY CERTIFY That I attended deceased from 6-1 1933 to 6-14 1933
I last saw h[illegible] alive on 6-14 1933 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	?
hypertension	1
Arteriosclerosis	?
Cerebral hemorrhage	.

Other contributory causes of importance:

Residual left hemiplegia 6-1 1933

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

6-14-33 (Signed) Chas. Hibbert M. D.
(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91254

CERTIFICATE OF DEATH

47 v E 91254

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Carroll St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin L. Bush

(a) Residence: No. 1105 Carroll St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Anna M. Bush

6. DATE OF BIRTH (month, day, year) Sept. 17, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61 62	62	9 8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Acrobat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter L. Bush

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME McMillian

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna M. Bush
(Address) 1105 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 6/17/33. 19

19. UNDERTAKER Richard W. Meyer
(Address) 1620 Ashburton St.

20. FILED 6-14-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933 to June 14, 1933.

I last saw him alive on June 13, 1933. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	1 yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) 729 Cathedral St.

M. D. B. 1268-9

91255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91255

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4324 E Lombard Street St., 26-01 Ward)

Length of residence in city or town where death occurred ~~yrs.~~ Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Rebecca James

(a) Residence: No. 4324 E. Lombard Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, year) Sept. 15, 1914.

7. AGE Years	Months	Days	If LESS than 1 day, 1 hour or 1 min.
18	8 9	26 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas E. James

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Goldbeck

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Margaret James Lloyd

(Address) 4324 E. Lombard Street

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date June 16, 1933

19. UNDERTAKER Cumm & Ruth Funeral Home

(Address) 1705 N. Charles St.

JUN 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~June~~ . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Myocarditis	

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hennegan M. D.
Coroner

(Address) 1305 N. Calhoun St.

M. D. B. 1268-9

91256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91256

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Ashland Avenue St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs., ... mos. ... ds.

2. FULL NAME Gaetano Benintende

(a) Residence: No. 1115 Ashland Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rosa Pietracalvina

6. DATE OF BIRTH (month, day, year): August 26, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	18	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Alfonso Benintende

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Carmela Varchiafava

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Giuseppe Benintende

(Address): 1115 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: June 15, 1933

19. UNDERTAKER: George Booth & Son

(Address): 1730 Eutaw Pl.

20. Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/13/1933

22. I HEREBY CERTIFY, That I attended deceased from 6/5/1933 to 6/12/1933

I last saw him alive on 6/12/1933 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Locomotor ataxia	

Other contributory causes of importance:

Lobar Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) L. J. Cutotta M. D.

(Address) 111 E. Lexington St.

Mail CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91257

E 91257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Gordon

(a) Residence: No. 1100 Monument St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Gordon

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Lan Date June 15. 1933

19. UNDERTAKER Mrs. Robert A Elliott
(Address) 1129 E Baltimore St

20. FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-33

22. I HEREBY CERTIFY That I attended deceased from 6-5-33 to 6-12-33

I last saw him alive on 6-12-33 Death is said to have occurred on the date stated above, at 8:06 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into right internal capsule	6-4-33
Other contributory causes of importance: arteriosclerosis general	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

6-13-33 (Signed) Elmer Highbarger Jr M. D.

(Address) Balto. City Hospitals.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934

E 91258

E 91258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2328 Washington Blvd.

CITY OF BALTIMORE: (No. Joseph St. 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Gray Sullivan

(a) Residence: No. 2328 Wash Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ...

6. DATE OF BIRTH (month, day, year): 1917

7. AGE: Years 16 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: Clinton Gray

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Viola Sullivan

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Viola Sullivan
(Address): 2328 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel. Date: 6/16, 1933

19. UNDERTAKER: Edw. Sullivan
(Address): 232[illegible] Wash Blvd

20. FILED ... Registrar.

JUN 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to June 13, 1933.
I last saw him alive on June 12, 1933. Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hydrocephalus	?

Other contributory causes of importance:
Sinusitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. A. Strauss, M. D.

(Address) 1901 Eutaw St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91259

91259

CERTIFICATE OF DEATH

V 82-001

Registered No. 10-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 E. Madison St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Bennett Baird

(a) Residence: No. 1416 E. Madison St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna F. Baird

6. DATE OF BIRTH (month, day, year) not stated

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice. Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Baird

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Anna F. Baird

(Address) 1416 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date June 16, 1933

19. UNDERTAKER Henry Breck & Sons Inc

(Address) 1201 E. Eager St

20. FILED June 15 1933 H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 at 5:20 P.M. 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1933 to June 13, 1933.

I last saw him alive on June 13, 1933 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Cardiac Dilatation	2 days.
Other contributory causes of importance: Arteriosclerosis	6 mos.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William F. Schwartz M. D.

(Address) 1200 N. Caroline St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-A

E 91260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91260

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 E Chase St. 10-01 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Jacob Lembach

(a) Residence: No. 1213 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Lembach

6. DATE OF BIRTH (month, day, year) April 5th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Lembach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Taub

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Lembach

(Address) 1213 E Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 16 19 33

19. UNDERTAKER Henry Koch Sons Inc.

(Address) 1301 E Eager St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 at 9:20 A.M. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 19... to ... 19...

I last saw him alive on June 13 1933. Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Pernicious Anemia	

Name of operation 0 Date of 0

What test confirmed diagnosis Lab. Blood Tests Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0 19...

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ...

(Signed) A. Tom Pumphrey M. D.

(Address) Temple Lauben Apts.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91261

91261 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91261

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1634 N. Wolfe St. 8-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Freund

(a) Residence: No. 1634 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Freund.

6. DATE OF BIRTH (month, day, year) June 1 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alexandra Chalmers

14. BIRTHPLACE (city or town) (State or country) Scotteland

MOTHER

15. MAIDEN NAME Margaret Scott

16. BIRTHPLACE (city or town) (State or country) Scotteland

17. INFORMANT Lewis Freund
(Address) 1634 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Date June 16 1933

19. UNDERTAKER Henry Hoen's Sons Inc
(Address) 1301 E. Eager St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 at 8 a.m. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to June 13 1933

I last saw h.e alive on June 12, 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1-33

Other contributory causes of importance:

Acute Dilatation of Heart	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91262

S-10-21—MAT—1500 Bks.

E 91262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 S Port street ST. | 101 WARD)

2-FULL NAME Ernest Faltyn

(a) RESIDENCE NO. 8230 Port St ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 7 / 1933

7 AGE Years ... Months ... Days 5 4 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant child

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Sezefan Foltyn

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Christie Lubowska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Sezefan Folty
(Address) 823 S Port St

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1933

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to June 14, 1933, that I last saw him alive on June 14, 1933, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Acute Entero-colitis

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis Jennings Sr. M. D.

6/14, 1933 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL June 15 1933

20 UNDERTAKER George A Weber — ADDRESS 705 S Arnett

JUN 15 1933

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

91263

HEALTH DEPARTMENT—CITY OF BALTIMORE

91263

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.) 128-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donna Frosta

(a) Residence: No. 4100 Roseland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 9 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	7	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Frosta

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara Ames

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date June 15 1933

19. UNDERTAKER John O Mitchell & Sons
(Address) 1712 Eutaw Place

20. FILED June 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1932 to June 13 1933

I last saw her alive on June 13 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	Sept. 32

Other contributory causes of importance:

None

Name of operation Right Craniotomy Date of Nov 17, 32

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... (Date of injury ..... 19.....)

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91264

CERTIFICATE OF DEATH

E 91264

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Meyer Levin

(a) Residence: No. 127 N Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) July 29 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isador Meyer Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sonia Friedlander

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Cem Date 6/15/33 19

19. UNDERTAKER Mt Lebanon Cem Co

(Address) 739 E Fayette St

29. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25 1933 to June 17 1933

I last saw him alive on June 17 1933. Death is said to have occurred on the date stated above, at 10: P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas with metastases to liver, lungs & peritoneum	?
Other contributory causes of importance: General arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

INFORMATION CONCERNING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

216 S Pat Pk one

91265 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91265

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Patterson Park Ave Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

2. FULL NAME Abraham Bernstein

(a) Residence: No. 200 S. Pat. Pk one St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nillah Bernstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Bernstein
(Address) 200 S Pat Pk one

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Wilson Date 6-15-33 19

19. UNDERTAKER Jack Levis Inc
(Address)

20. FILED 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19 31 to June 15 19 33

I last saw him alive on 14th June 19 33 Death is said to have occurred on the date stated above at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic (toxic) Arthritis	1931
Chronic myocarditis (degenerative)	1932

Other contributory causes of importance:

Asthma	1

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. Miller M. D.

(Address) 1613 E Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 11 1933

M. D. B. 1268-9

E 91266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91266

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. 93-003

CITY OF BALTIMORE: (No.) 1512 N Gilmor St. 18-04 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Price

(a) Residence: No. 308 Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gardner

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (Old)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co
(State or country) Maryland

FATHER

13. NAME Evan Price

14. BIRTHPLACE (city or town) Frederick Co
(State or country) Md

MOTHER

15. MAIDEN NAME Mary Biggs

16. BIRTHPLACE (city or town) Frederick Co
(State or country) Maryland

17. INFORMANT Elijah Ayers
(Address) 308 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Co. Md Date June 16, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 22 N. Schroeder St.

20. Filed 6-15 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13- 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-10- 1933 to 6-13 1933

I last saw her alive on 6/13 1933. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	6/9/33
1. Arterio Sclerosis	
2. Hypertension	
Myocarditis	

Other contributory causes of importanre:

Senility

Name of operation None Date of

What test confirmed dingnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Blake St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91267.

91267

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1618 McCulloh ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Dixon

(a) RESIDENCE NO. 1618 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Dixon

6 DATE OF BIRTH (month, day, and year) April 19, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Samuel Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robert Dixon

(Address) 1618 McCulloh

15 Filed JUN 15 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1933, to June 12, 1933, that I last saw h[er] alive on June 12, 1933 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. F. McCard, M. D.

6/14, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northumberland Co. Va. — DATE OF BURIAL: June 16, 1933

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91268

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 N Calvert St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 77 yrs. 10 mos. 23 ds.

2. FULL NAME Edith E. Claggett

(a) Residence: No. 2730 N Calvert St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 21 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Washington Co.
(State or country) Maryland

FATHER

13. NAME Milton E Claggett

14. BIRTHPLACE (city or town) Washington Co
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah E. ?

16. BIRTHPLACE (city or town) Washington Co
(State or country) Maryland

17. INFORMANT W. T. J. Straley - atty.
(Address) 345 N Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns - Mt Date June 16 1933

19. UNDERTAKER Stewart & Morgan Co
(Address) 1084 W Fayette Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June - 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25 1929 to June 14 1933

I last saw ... alive on June 14 1933. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	2
lesser curvature	
X ray and occult - blood neg	
Dec 9, 1932	
Other contributory causes of importance:	
Hemorrhage from Stomach	6 hrs. duration

Name of operation none made Date of .....

What test confirmed diagnosis? Clinical autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Armstrong M. D.

(Address) 17 Rogers St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 91269

E 91269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. 1-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lafayette Baker

(a) Residence: No. 605 Walkers St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 11-25-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palmyra Va

FATHER

13. NAME Willie Baker

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lizzy Swan

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 15. 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3-1933 to 6-12-1933

I last saw him alive on 6-12-1933 Death is said to have occurred on the date stated above, at 2:18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	3-1-33

Other contributory causes of importance:

Secondary Anemia	

Name of operation Laparotomy Date of 4/33

What test confirmed diagnosis? Inspection Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bowie Delaplaine M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91270

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 S. Charles St. St. 23-01 Ward)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Smith.

(a) Residence: No. 1638 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~single~~ widowed, ~~or~~ ~~divorced~~ (or) wife of John Smith.

6. DATE OF BIRTH (month, day, year) July 3, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Forrester.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Margaret McCourt.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Andrew J. Smith. (son)
(Address) 1638 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 6/17/33

19. UNDERTAKER Jno. H. Cranadon.
(Address) 941 Hollins St.

20. FILED Huntington Ave. Station, Md.
Registrar.

N 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 9.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Chas. H. Reinhardt Coroner, M. D.
6/15/33 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91271

CERTIFICATE OF DEATH

46E 91271

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6006 Pinehurst Road Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Agnes M Mc Mahon O'Brien

(a) Residence: No. 6006 Pinehurst Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: James F. O'Brien

6. DATE OF BIRTH (month, day, year): 1879

7. AGE: Years 54; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Micheal Mc Mahon

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: A. Kane

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs Howard Michel 6006 Pinehurst Road

18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedral Cemetery Date: June 16 1933

19. UNDERTAKER (Address): Mary Mc Bradford 5-7 E Saratoga St

20. FILED 19 Registrar.

JUN 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1933 to June 14, 1933

I last saw her alive on June 14, 1933 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix Uteri — Date of onset August 31

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Nefferson, M. D.

(Address) 848 W 36th St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91272

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. 33 24 & Calvert St. 13-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Porter

(a) Residence: No. 3960 Elm ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (Of Baltimore)
HUSBAND of (or) WIFE of Rose V. Porter

6. DATE OF BIRTH (month, day, year) Feb 2 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3 4	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Porter

14. BIRTHPLACE (city or town) (State or country) maryland

MOTHER

15. MAIDEN NAME Mary Ellen Moore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT wife

(Address) 3960 Elm ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Cemetery Date June 17 1933

19. UNDERTAKER Walter Layton

(Address) 2216 Eastern ave

20. FILED JUN 17 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8 1933 to June 14 1933

I last saw him alive on June 14 1933. Death is said to have occurred on the date stated above, at 7:35 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Cause unknown)	

Other contributory causes of importance:

Distention
Dilatation of Stomach
Cardiac Failure

Name of operation Appendicostomy Date of June 8 1933

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R Stephenson M.D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91273

CERTIFICATE OF DEATH

122E 91273

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard L. Feldam

(a) Residence: No. 1109 N. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Worker 84

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles F. Feldam

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Minnie Siekight

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Minnie Feldman

(Address) 1109 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date June 18 1933

19. UNDERTAKER John Lefrick

(Address) 2128 Aliceanna

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14/33

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia-strangulation of small intestine-hernia thru diaphagm rt side	??

Other contributory causes of importance:

Name of operation Release of strangulation Date of 6/13/3

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. K. Hall M. D.

(Address) 508 E Northern

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91274

E 91274

CERTIFICATE OF DEATH

91

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 429 N. Broadway St., 6-01 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Jane Little

(a) Residence: No. 429 N Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A Little

6. DATE OF BIRTH (month, day, year) March 18-1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Willian McCadow

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary J Henderson

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Miss Mamie Little
(Address) 429 N Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date June 17th 33

19. UNDERTAKER John Eggerich
(Address) 206 Aisquith St

20. FILED JUN 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933 to June 14, 1933

I last saw h[illegible] alive on June 13 1933 death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	2yrs
Other contributory causes of importance:	
Pulmonary Edema	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward [illegible] M. D.

(Address) 413 N [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 91275 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 E 91275

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. ..... St., 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Margaret Schaeffler

(a) Residence: No. 2530 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? ~

6. DATE OF BIRTH (month, day, year) April 28 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	18	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Schaeffler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary V Fagan

16. BIRTHPLACE (city or town) (State or country) Curtis Bay Md

17. INFORMANT Miss Viola E. Schaeffler
(Address) 2530 McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Brooklyn Date June 17, 1933

19. UNDERTAKER John F Penny
(Address) 715 Light St

20. FILED [illegible] 19 [illegible] Registrar.

N 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933 to June 13, 1933. I last saw her alive on June 13, 1933. Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. Alfred [illegible] M. D.

(Address) St Agnes Hosp Balto Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Frederick Albert Stengel

E 91276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91276

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2033 E North Ave St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert F Stengel

(a) Residence: No. 2033 E North ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Laura A. Quatman

6. DATE OF BIRTH (month, day, year) Aug. 4th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat'l. Engr. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Chas. Stengel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Adelmann

16. BIRTHPLACE (city or town) (State or country) Wpl.

17. INFORMANT Mrs. Laura Stengel

(Address) 2033 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6/16/ 1933

19. UNDERTAKER E. J. Fanning & Son

(Address) 16 E. Lafayette ave.

20. FILED ..... 19..... [illegible] Registrar.

JUN 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th. 1933

22. I HEREBY CERTIFY, That I attended deceased from February 12 1933 to June 13 1933

I last saw h[illegible] alive on June 13 1933 Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	4 Years
General Arterio Sclerosis	4 yrs.
Other contributory causes of importance:	
Cardiac Dilatation	7 days ago

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert F. Lautenberg M. D.

(Address) 2025 E. Fayette Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-B

E 91277 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 91277

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 W. Clement St. St. 23-01 Ward)

Length of residence in city or town where death occurred 32 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena T. Kimball.

(a) Residence: No. 128 W. Clement St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Edward Jerome Kimball.

6. DATE OF BIRTH (month, day, year) April 10, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year) June 12, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Lanasa.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Josephine Sansone.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Frances Lanasa. (sister)
(Address) 1109 Marshall St.

18. BURIAL, CREMATION OR REMOVAL
Place Date 6/16 1933

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19
last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage due to a Pistol shot wound of the Lungs.

Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis Inquest Was there an autopsy Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Homicide Date of injury 6/12/33
Where did injury occur? 128 W. Clement St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home.
Manner of injury Pistol shot.
Nature of injury Of the Lungs.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify , No.

(Signed) H. H. Heimrod Coroner . M. D.
6/15/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of DISEASE or CAUSE of DEATH in plain terms, so that it may be properly classified.

M. D. H. 1268-9

E 91278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 57 E 91278

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 N. Vincent St., 16-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Jones.

(a) Residence: No. 1128 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years 50 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Catherine Jones

(Address) 1128 N. Vincent

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 16, 1933

19. UNDERTAKER Saml. H. Chase & Son

(Address) 1520 N. Gilmor

20. FILED JAN 17 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1933

I last saw h. alive on Jan 9 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism	
2 months	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Link M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 91279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91279

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Baxter

(a) Residence: No. 2120 Llewellyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME Andrew —

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emaline Muse

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date June 16. 1933

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

$5.00 FILED 6-15-1933 Registrar. Walter Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1933 to 6-12 1933

I last saw h... alive on 6-12 1933 Death is said to have occurred on the date stated above, at 9:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of lung	6-7-33
Other contributory causes of importance: Heart disease arteriosclerotic	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

6-12-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91280

CERTIFICATE OF DEATH

E 91280

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 E. Fairmount Ave 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Smith

(a) Residence: No. 1421 E. Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colm	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28/1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	[redacted]	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Market
10. Date deceased last worked at this occupation (month and year) May/33
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME not known
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Fanny Pierce
(Address) 1218 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date June 16 1933

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

20. FILED JUN 15 1933 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13/ 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 13/ 1933
I last saw him alive on June 12/ 1933 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colon Carcinoma	June/33
Other contributory causes of importance: La Grippe	June/33

Name of operation none Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard J Eschinger M. D.

(Address) 151 E. Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91281

CERTIFICATE OF DEATH

46 E 91281

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals Street) (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas Moulden

(a) Residence: No. 1505 N. Washington St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Elizabeth —

6. DATE OF BIRTH (month, day, year): Jan. 7 1878

7. AGE: Years 55 | Months 5 | Days 7 | If LESS than 1 day, hrs. or m.in.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chef
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Wash., D.C.

FATHER

13. NAME: William Moulden
14. BIRTHPLACE (city or town) (State or country): Wash. D.C.

MOTHER

15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Cem Date: June 17/33

19. UNDERTAKER: Philip Stewart Son John Stewart
(Address): 2516 Eutaw

20. FILED: 19 Registrar.

15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-14 33

22. I HEREBY CERTIFY, That I attended deceased from 6-10 33 to 6-14 33

I last saw him alive on 6-14 33 Death is said to have occurred on the date stated above, at 12:00 N

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Other contributory causes of importance: arteriosclerosis general	?

Name of operation: None Date of —
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

6-14-33 (Signed) Reuel Slightberg Jr. M. D.
(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91282

CERTIFICATE OF DEATH

E 91282

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Gerber sr.

(a) Residence: No. Greenland Beach St., Anne Arundle Co Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, year) April 6, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Gerber

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mahon

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Gerber Jr.
(Address) Greenland Beach AA Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 15 1933

19. UNDERTAKER Chas. E. Stevens & Son
(Address) Washington Pillar Balto

20. FILED 6-15-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 , to , 19

I last saw him alive on injury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/13. 1933

Where did injury occur? Washington Blvd in West Balto. 4
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Motor accident

Manner of injury Auto which he was driving

Nature of injury collided with another auto

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Fokerman M. D. Coroner

(Address) 2200 E Madison St

M. D. B. 1268-9

E 91283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91283

91-002

9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2640 Matthews St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard M. Buberl

(a) Residence: No. 2640 Matthews St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle M. Buberl

6. DATE OF BIRTH (month, day, year) June 11, 1891.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Buberl

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Genevieve Singer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Isabelle M. Buberl

(Address) 2640 Matthews St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Memorial Date June 17, 1933

19. UNDERTAKER Wm. C. Black

(Address) 927 N. Broadway

Filed ... 19... 4 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 14, 1933

That I last saw him alive on June 12, 1933. Death is said to have occurred on the date stated above, at 11:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Acute Nephritis	
Other contributory causes of importance:	
Alcoholic Toxemia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugh Forsythe, M. D.

(Address) 424 S. Fork Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91284

CERTIFICATE OF DEATH

E 91284

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 127 Williams St. Ward) 24-8

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry E. Neal

(a) Residence: No. 127 Williams St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 7, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoeworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 073
10. Date deceased last worked at this occupation (month and year): 2/33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James R. Neal
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Catherine Stewart
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Catherine Neal
(Address) 127 Williams St

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: June 17th 1933

19. UNDERTAKER: William Klein
(Address) 1267 William St

20. FILED ... 19... Registrar

JUN 15 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933 to June 14 1933
I last saw him alive on June 14 1933 Death is said to have occurred on the date stated above, at 8.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Cardiac Dilatation	6 days
Other contributory causes of importance: Pulmonary Tuberculosis	2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) H. H. Hartman M. D.
(Address) 1 E. Read St

M. D. B. 1268-0

E 91285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91285

71-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Etchison

(a) Residence: No. Gaithersburg, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 8 or 9 Jan 15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52?	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farm
10. Date deceased last worked at this occupation (month and year) Jan 1
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter Etchison
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Montgomery County Date Jan 16, 1933

19. UNDERTAKER Roger W Barber
(Address) Gaithersburg Md

20. FILED JAN 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933 to June 15, 1933

I last saw him alive on June 15, 1933 Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	about 1 year

Other contributory causes of importance:

Pulmonary Infarction	6 hours

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Lemmon, M. D.

(Address) Mercy Hospital

J M

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 91286

HEALTH DEPARTMENT—CITY OF BALTIMORE

91286

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2514 Fleet Street St., 101 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaus . Zysk

(a) Residence: No. 2514 Fleet Street St., Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances . Zysk

6. DATE OF BIRTH (month, day, year) May 8 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Adam Zysk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Frances . Zysk
(Address) 2514 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 16 1933

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED 1933 Registrar.

NOV 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1930 to June 13 1933

I last saw him alive on June 13 1933. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Abram J. Rachmaan M. D.

(Address) 3507 Fait Ave

M. D. H. 1268-9

91287 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91287

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 32 yrs. ... mos. ... ds.

2. FULL NAME Julian Bochnowicz

(a) Residence: No. 2035 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Bochnowicz

6. DATE OF BIRTH (month, day, year) Dec 10/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Weiskittel

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Bochnowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Adamski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Bochnowicz
(Address) 2035 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place H. of Rosary Date June 17. 1933

19. UNDERTAKER John G. Weber
(Address) 401 N. Charles St

20. FILED ..... Huntington Hillcrest Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 9.22 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arsenical Poisoning	17 hrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ..... 19 ...

Where did injury occur? in home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Took drink from bottle

Nature of injury mistaken for whisky

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R. H. Hacker M. D.
Coroner

(Address) 506 E Monument

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91288

CERTIFICATE OF DEATH

E 91288

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1017 Fallow St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel B. Busick

(a) Residence: No. 1017 Fallow St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M.

6. DATE OF BIRTH (month, day, year) May 29 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant-Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Daniel B. Busick

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie Bowyer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma M. Busick

(Address) 1017 Fallow St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 6/19 1933

19. UNDERTAKER William J. Lotz

(Address) 1217 E Fort Ave

JUN 16 1933

Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-1-29 19... to June 14 1933

I last saw him alive on June 14 1933. Death is said to have occurred on the date stated above, at 7:44 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Generalized Arteriosclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Acute Cardiac Dilatation	

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) A. L. Bornstein M. D.

6/15/33 (Address) 733 Mosher St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91289

E 91289 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3236 E Baltimore St. 26-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Lynch

(a) Residence: No. 3236 E Baltimore St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Lynch

6. DATE OF BIRTH (month, day, year) Dec 23 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Daniel Fallon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mulrooney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ruth M Harmon
(Address) 3236 E Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 17th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Arterio Sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91290

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N Montford Ave St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 11 yrs. ... mos. ... ds.

2. FULL NAME Martha Wayne

(a) Residence: No. 27 N Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isadore

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Herschon Cuffin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Washington (Address) 537 N Chester St

18. BURIAL, CREMATION, OR REMOVAL Place Levi Friedler Date 6/16/33 19

19. UNDERTAKER Chas. Levi & Son (Address) 1221 E Baltimore St

20. FILED Hattie M. Williams Registrar.

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-33 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1932 19 ... to June 15 ... 1933

I last saw h[illegible] alive on June 15 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	12 M

Other contributory causes of importance:

Heart failure	1 D

Name of operation Exploratory Date of 1932

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. J. Boylan M. D.

(Address) 2040 Eutaw Pl.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91291

CERTIFICATE OF DEATH.

153

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Wayman

(a) Residence: No. 3806 Forest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 2-10-1883

7. AGE: Years 50 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Detroit, Mich

FATHER
13. NAME: Bernard Levin
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Annabel Krause
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 6/16/33, 19

19. UNDERTAKER: Jack Lewis Inc
(Address): 1532 E. Balto St.

20. FILED 19 Registrar.

JUN 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-15, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 19 33 to 6-15, 19 33
I last saw her alive on 6-15, 19 33 Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pemphigus vulgaris	5-1-33

Other contributory causes of importance:
None

Name of operation: None Clinical & biopsy Date of: —
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
6-15-33 (Signed) Elmer Highberger M. D.
(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 91292

91292

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Piaskowski

(a) Residence: No. 1612 Eastern ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Broniszewa

6. DATE OF BIRTH (month, day, year) - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 9, 1933

19. UNDERTAKER Wm Fialkowski

(Address) 1618 Eastern ave

20. FILED June 10, 1933 Registrar.

N 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-33

22. I HEREBY CERTIFY, That I attended deceased from 5-3-33 to 6-15-33

I last saw him alive on 6-11-33 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerosis	?

Other contributory causes of Importance: None

Name of operation No Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-15-33 (Signed) Elmer Highsmith M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91293 E 91293

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~626 E. 28th~~ Hopkins Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Olivia Day

(a) Residence: No. 626 E. 28th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9/1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME William Day

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Catherine Wise

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Catherine Mills
(Address) 626 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date 6/17/33 19

19. UNDERTAKER ...
(Address) ...

20. FILED JUN 19 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14/33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage (Apoplexy)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. R. B. Cocke Coroner, M. D.
(Address) 508 E. Mt. St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91294 | CERTIFICATE OF DEATH | E 91294

X 210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles. Y Wheeler.

1a) Residence: No. 2233 Bancroft Place St., Washington D.C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Natalie Wheeler

6. DATE OF BIRTH (month, day, year) March 24 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plane Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Airfleet Co Wash DC

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

FATHER

13. NAME Charles B. Wheeler

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Ella Rossel

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Charles B. Wheeler

(Address) 619 16th St N.W. Wash DC

18. BURIAL, CREMATION, OR REMOVAL

Washington D.C. Date June 16 1933

19. UNDERTAKER Geo C. Mitchell & Son

(Address) 1712 Eastern Place

20. FILED ... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from inquiry . 19 . to . 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/16. 1933

Where did injury occur Washington D.C. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto, he was driving struck

Nature of Injury a pole

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E. Madison St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—12-9-25—A Co.—200 Blks.

E 91295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91295

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

2-FULL NAME Lizzie Lawrence

(a) RESIDENCE NO. 220 Valley St City St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	79	"		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore

PARENTS

10 NAME OF FATHER William Lawrence

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Susan Sumville

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Sister Superior Supt.

(Address) 220 Valley St Little Sisters of the Poor Huntington Williams, M.D.

15 Filed JUN 16 1933 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1933 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1933 to June 15 1933,

that I last saw her alive on June 15 1933,

and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostasis Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) L. M. Gardner, M. D.

6/16, 1933 (Address) 1114 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial June 16 1933

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Druid Ave

Any important. See instructions on back of certificates.

A&Co. 5-31 250B

E 91296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91296

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH South Balto Gen. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-01 Ward)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 5 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. McGill

(a) Residence: No. 208 E Montgomery St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth E. McGill

6. DATE OF BIRTH (month, day, year) Sept 10 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 9a

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Thomas J. McGill

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anne E. Bowdle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Emily M. Gosting
(Address) 208 E. Montgomery St

18. BURIAL, CREMATION, OR REMOVAL
Place Spring Hill Cemetery Date June 17, 1933
Easton, Md.

19. UNDERTAKER John F. Denny
(Address) 119 Light St.

20. FILED JUN 16 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14th, 1933 to June 15, 1933
I last saw him alive on June 14th, 1933 death is said to have occurred on the date stated above, at 4 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	Dec 1932

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deiseroth M.D.
6/15/33 (Address) 1224 Madison Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-B

91297

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91297

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette Pulton St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie E. Kirk

(a) Residence: No. 1430 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William W. Kirk 1891

6. DATE OF BIRTH (month, day, year) March 29, 33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Mamie E Kirk

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Mamie Harding

16. BIRTHPLACE (city or town) (State or country) Frederick City Md

17. INFORMANT Maud M. Fink

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Laudenville Date June 17 1933

19. UNDERTAKER Wm. Mrs. H. S. FINK

(Address) 2512 Wilkens Ave

20. FILED June 16 1933 Huntington Wellington M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to June 15 1933

I last saw her alive on June 15 1933. Death is said to have occurred on the date stated above, at 10 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Carcinoma of Ovary.	

Other contributory causes of importance:

Glomerulonephritis Chronic	

Name of operation Oophorectomy Date of 5/25/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Cabrera Roberts M. D.

(Address) Franklin Square Hospital Baltimore Md.

E—state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. B. 1268-9

✓ E 91298

91298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH CITY OF BALTIMORE: No. Balto. City Hospitals St., Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Tutt

(a) Residence: No. 630 N. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barkley

6. DATE OF BIRTH (month, day, year) 7-18-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 037

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Richmond, Va.

FATHER

13. NAME: Wm Newton

14. BIRTHPLACE (city or town) (State or country): Richmond, Va

MOTHER

15. MAIDEN NAME: Mary Glasgow

16. BIRTHPLACE (city or town) (State or country): Richmond, Va

17. INFORMANT: Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt Calvary Date June 16 1933

19. UNDERTAKER E & W Leon
(Address) 1111 Brandon Ave Baltimore, Md.

20. FILED JUN 16 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-33

22. I HEREBY CERTIFY That I attended deceased from 3-3 1933 to 6-13 1933

I last saw h[illegible] alive on 6-13 1933 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	6-11-33
Other contributory causes of importance: arteriosclerotic Heart disease arteriosclerosis general	?

Name of operation None Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
6-14-33 Elmer Higgins M. D.
(Signed)
(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. B. 1268-9

Styla

91299

E 91299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward) Dept 91

Length of residence in city or town where death occurred 35 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 52 yrs. --- mos. --- ds.

2. FULL NAME Ludwig Stilc. Style

(a) Residence: No. 1363 Andre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed, or~~ HUSBAND of ~~WIFE of~~ Josephine Stylc.

6. DATE OF BIRTH (month, day, year) July --- 1880

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
52	11	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshore man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Leo Stylc.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Dorothy Stylc.(daughter)
(Address) 1363 Andre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 17 19 33

19. UNDERTAKER Fred Bazlewski & Sons
(Address) 1900 E. Baltimore St.

20. FILED JUN 15 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation Nasal Polypus. Date of 6/14/33

What test confirmed diagnosis? Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Wm. Reinhardt M. D.
Coroner

6/16/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 91300

E 91300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Bernard St. St., 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick L Walter

(a) Residence: No. 2801 Bernard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Walter

6. DATE OF BIRTH (month, day, year) June 7 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Walter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary E Walter
(Address) 2801 Bernard St

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date June 17 1933

19. UNDERTAKER Edmondson
(Address) 3611 Eastern Ave

22. FILED June 16 1933 Wilmer Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5 1933 to June 15 1933
I last saw h alive on June 15 1933 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1 Thrombus Feet days

Other contributory causes of importance:

Cerebrovascular Accident 2 months

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? ———

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19 ———

Where did injury occur? ——— (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ———

(Signed) L A Rich M.D.

(Address) 115 W Lan

BIRTH CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91301

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 159 E 91301

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Nora Lee Knudsen

(a) Residence: No. Fat Horse, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herbert Knudsen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jos. M. McCollum's Date June 16, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED June 16 1933 Hampton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 19

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to June 10, 1933
I last saw her alive on dead on admission, 19 33 Death is said to have occurred on the date stated above, at 8 A m. June 10

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dan'l E. Kaiser, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

01302

01302 40

CERTIFICATE OF DEATH

89-001 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Schoene

(a) Residence: No. Florence Cuttenden Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3 weeks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Bertha Schoene

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date June 16 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUN 16 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14 1933 to June 12 1933.

I last saw him alive on June 12 1933. Death is said to have occurred on the date stated above, at 3 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	4/11/33
Otitis Media	5/10/33
Tetany	5/27/33

Other contributory causes of importance:

Name of operation Rammstedt Date of 4/11/33

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Ann E. Luttner M. D.

(Address) Johns Hopkins Hosp.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. R. 1268-9

91303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91303

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 1-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Topolski

(a) Residence: No. 907 S. Kenwood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John —

6. DATE OF BIRTH (month, day, year): 9-16-1852

7. AGE: Years 80 | Months 9 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: John Topolski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Mary Maciejewska

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Rectr. Balto. City Hospitals.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Cem. Date: June 17 1933

19. UNDERTAKER: Stephen J. Realmuto Inc

(Address) 1000 E. Fairmount Ave

20. FILED 6-16-1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-15-33

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1930 to 6-15 1933

I last saw h alive on 6-15 1933 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease and nephritis	?
Other contributory causes of importance:	
arteriosclerosis general	?

Operation: None Date of —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-16-33 (Signed) Clarence Higginbotham M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91304

CERTIFICATE OF DEATH

E 91304

Registered No. 93-033

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 Enon Pl St., 11-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alex. York.

(a) Residence: No. 131 Enon St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): -1887

7. AGE: Years 55 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Yrs

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Police Dept Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Graham Cem. Date June 16, 1933

19. UNDERTAKER: Archibald O. Hardy's

(Address) 2101 Pennsylvania Ave.

20. [illegible] Huntington Williams N.E. Registrar.

16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

6 months

Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Link M. D.

Coroner

(Address) Towson

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91305

CERTIFICATE OF DEATH

E 91305

1. PLACE OF DEATH St Josephs Hosp. 131 Registered No.

CITY OF BALTIMORE: (No. ..... St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Stapps

(a) Residence: No. 236 Colgate Ave St., 26 Ward. Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Stapps.

6. DATE OF BIRTH (month, day, year) May 12th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Penna RR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Stapps.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Christina

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George W. McClelland
(Address) 236 Colgate Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 19th 1933

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 401 E. Lexington St.

16 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12 1933 to June 15 1933

I last saw him alive on June 15 1933. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystero-sclerosis	
Hypotension Cardio vascular	
Renal disease	
Terminal Uremia	6/15/33

Other contributory causes of importance:

Prostatic Hypertrophy

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, state how ...

(Signed) A. W. Agenzella M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91306

E 91306

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 76-01 Ward)

Length of residence in city or town where death occurred ....yrs. life mos. ....ds. How long in U. S. If of foreign birth?.... yrs. .... mos. .... ds.

2. FULL NAME Margaret E. Majors

(a) Residence: No. 2161 S. Clinton St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman L. Majors

6. DATE OF BIRTH (month, day, year) March 21, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernard Concannon

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Herman L. Majors (Husband)

(Address) 2161 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date June 17, 1933

19. UNDERTAKER Lilly Julia Due.

(Address) [illegible] Huntington Williams, Asst.

20. FILED JUN 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ——, 19.., to ....., 19..

I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: Arterial Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Gerstenfeld M. D. Coroner

(Address) 1305 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate. Last statement

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91307

CERTIFICATE OF DEATH

93-001

E 91307

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lombard & Conkling St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN F. COLWELL

(a) Residence: No. 119 S. Conkling St., St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Colwell.

6. DATE OF BIRTH (month, day, year) Oct. 8 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Laborer. 73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canton R/R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County. Md.

FATHER

13. NAME John F. Colwell

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Emily Franklin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Russell C. Colwell (Son)
(Address) 104 S. Janney St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date June 17, 1933

19. UNDERTAKER Lilly & Gilbert Inc.
(Address) 403 S. Wolfe St.

20. FILED 161933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from —, 19 , to —, 19

I last saw h alive on —, 19 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Acute Indigestion	

Name of operation Date of

What test confirmed diagnosis? Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Norgaard M. D.
Coroner

(Address) 1203 N. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91308 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 164-001 E 91308

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 Eastern Ave St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Padgett

(a) Residence: No. 2719 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Padgett

6. DATE OF BIRTH (month, day, year) Aug 8 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo Eckenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Reichenbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT David Padgett

(Address) 2719 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 6/17/33 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2513 Edmondson Ave

20. FILED ..... 19..... Registrar.

JUN 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 6/15 19 33

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Inhalation of Illuminating Gas

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Hergenroder M. D.

Coroner

(Address) 1300 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91309

CERTIFICATE OF DEATH

X 107 E 91309

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Schafer

(a) Residence: No. Below 4 Joppa Road — Fullerton Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Schafer

6. DATE OF BIRTH (month, day, year) Feb. 18 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

FATHER

13. NAME Joachim Schafer

14. BIRTHPLACE (city or town) Balto. Co (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna M. Raab

16. BIRTHPLACE (city or town) Balto. Co (State or country) Maryland

17. INFORMANT Mrs Anna Schafer (Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cemetery Date June 19. 33

19. UNDERTAKER Friedrich Langenfelder Sons (Address) 2491 Gay St

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14th 1933 to June 16th 1933.

I last saw him alive on June 10th 1933. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	6/9/33
Other contributory causes of importance:	
Septicemia	6/14/33

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what

(Signed) H. Mayerselle M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 91310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91310

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 Hillsborough St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Von S. Wynn

(a) Residence: No. 208 Hillsborough Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Horace S Wynn

6. DATE OF BIRTH (month, day, year) Nov 13 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dr P H Reiche

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily F. Duvall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT E D Hoffman

(Address) 112 W University Parkway

18. BURIAL, CREMATION, OR REMOVAL: Laurel Hill Park Date June 15 . 19 33

19. UNDERTAKER Henry Jenkins Son & Co

(Address) Oakdale Mgr Catonsville

Huntington Williams Asst

Undertaker

FILED

16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from June 1st . 1933 to June 15th . 1933

I last saw her alive on June 13th . 1933 . Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	6 days
Myocardial Insufficiency	3 years

Other contributory causes of importance: Chronic Nephritis and Hardening of Arteries

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Cohen M. D.

(Address) 1 W Read St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91311

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 W Pregus Ave 27-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella E Ryan

(a) Residence: No. 2900 W Pregus Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H Ryan

6. DATE OF BIRTH (month, day, year) Jan 24 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patrick Duff

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Johanna Grady

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John H Ryan
(Address) 2900 W Pregus Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 6/19/33

19. UNDERTAKER Geo A Fuller
(Address) Fulton & Fayette

20. FILED Huntington Williams, Reg.

JUN 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to June 15, 1933

I last saw her alive on June 15, 1933. Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Acute Myocarditis	5/31/33
Mitral Heart Disease	1930

Other contributory causes of importance:

Arteriosclerosis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. A. O'Neill M. D.

(Address) 108 N. Fulton Ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 3. 1268-0

E 91312 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91312

27098

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No.) St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry.

(a) Residence: No. 1212 Chatham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1853?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Sam Henry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Leakey Cemetery Date Jun 17. 1933

19. UNDERTAKER Robert E. Williams
(Address) 15-15 McElderry St

20. FILED 6 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from March - 17. 1933. to June - 14. 1933
I last saw him alive on June 14. 1933 Death is said to have occurred on the date stated above, at 5 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart Failure	Dec 1932
Aortic Insufficiency (Cause)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richmond Fitzhugh M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of occupation must be given in plain terms, so that it may be properly classified.

M. B. B. 1268-b

E 91313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91313

CERTIFICATE OF DEATH

√ 34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St., 5-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Augustus Harris

(a) Residence: No. 520 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Celia Harris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 640

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

FATHER

13. NAME James Harris

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Louise ------

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT (Address) Celia Harris 520 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 18, 1933

19. UNDERTAKER Robt J Milligan

(Address) 15-15 McCulloh St

Filed JUN 16 1933 ID ... for ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15/33

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Aortitis	
Aneuysm of Arch	
Cardiac Hypertrophy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. S. Haines for E. Krantz Coroner, M. D.

(Address)

See instructions on back of certificate. It is very important.

M. D. B. 1268-9

E 91314 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91314

CERTIFICATE OF DEATH

Med. X 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lauren Thomas

(a) Residence: No. Latrobe - Pa. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Mar 16-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	-3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Lucy Comerok

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Lauren Thomas

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Latrobe Pa Date June 16 1933

19. UNDERTAKER John C. Miller

(Address) 2456 E. Oliver St

20. FILED JUN 16 1933 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Be sure to state in plain terms, so that it may be properly classified.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-12-1933 to 6-16-1933

I last saw him alive on 6-16-1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic heart disease	?
Chronic nephritis	?
arteriosclerosis	?
Cerebral hemorrhage	4 days ?
Other contributory causes of importance: Pneumonia left base	2 days ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ralph J. Hill M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91315

CERTIFICATE OF DEATH

V 23 E 91315

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Louise Ave 27-81 St., 27 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva. M. Winstead

(a) Residence: No. 2900 Louise Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Jett Winstead

6. DATE OF BIRTH (month, day, year) Aug 8 1884

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	48	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Virginia

FATHER

13. NAME Samuel Lewis

14. BIRTHPLACE (city or town) ... (State or country) Virginia

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) ... (State or country) Virginia

17. INFORMANT Andrew Jett Winstead
(Address) 2900 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Henderson Chowan County N.C. Date June 19 1933

19. UNDERTAKER Jos Jos Sons & Son
(Address) 217 S. Paca St

Huntington Williams, M.D.
Registrar

N 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 33 to June 16 1933
last saw h[illegible] alive on June 15 1933 30 death is said to have occurred on the date stated above, at 12 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1932
Other contributory causes of importance:	

Name of operation No Date of ...

What test confirmed diagnosis? T.B. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. L. Pickard M. D.
(Address) 2201 E. Pratt St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 91316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91316

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Cambridge Street St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth 27 yrs. mos. ds.

2. FULL NAME Karol C. Sobotka

(a) Residence: No. 2127 Cambridge Street St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maryanna Sobotka

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank . Sobotka

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Maryanna Sobotka
(Address) 2127 Cambridge Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date June 20 19 33

19. UNDERTAKER John M. Weber
(Address) 40 S. Chester St.

Registrar.

JUN 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10 19 33 to June 16 19 33
I last saw him alive on June 16 19 33 Death is said to have occurred on the date stated above, at 1015 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tubular Nephritis	Oct 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William P. Daniel M. D.
(Address) 501 Kenwood Ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91317

CERTIFICATE OF DEATH

48 E 91317

1. PLACE OF DEATH St Josephs Hosp.

CITY OF BALTIMORE: (No. ..... St., 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Irene Mooney

(a) Residence: No. 6111 Belair Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single.

6. DATE OF BIRTH (month, day, year) June 12, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Francis Tierney.

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Margaret Murphy.

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Richard Mooney
(Address) 6111 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem't Date June 17, 19

19. UNDERTAKER Martin J Conroy
(Address) 402 Forrest St

20. FILED ..... 19 ..... Registrar.

171933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933 to June 16, 1933
I last saw h.e.r alive on June 16, 1933 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Cervix Uteri	
Sarcoma Metastatic Carcinoma of the Lungs	

Other contributory causes of importance:

Name of operation Hysterectomy Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J J Magenniss M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91318

CERTIFICATE OF DEATH

12 E 91318

1. PLACE OF DEATH Maryland General Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 16-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harold Reid

(a) Residence: No. 2917 Fisher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 12 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. P. I.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Leon A. Reid

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hannah Lester

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs John H Taylor

(Address) 2914 Fisher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 19, 1933

19. UNDERTAKER Wm J Settenstool

(Address) 1106 E Fayette

20. [illegible] 19 [illegible]

Registrar.

17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 19 33 to 6/15, 19 33

I last saw h.e alive on 6/12, 19 33 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism.	6/7/33
Other contributory causes of importance:	
Lobar Pneumonia	5/24/33
Pleurisy	
Peritonitis	

Name of operation Appendectomy Date of 5/27/33

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Taylor M. D.

(Address) Md. Gen. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91319

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Erdman Ave 8-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Shuppener

(a) Residence: No. 2404 Erdman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rode Shuppener

6. DATE OF BIRTH (month, day, year) Sept 27 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76.	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Meat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Henry Shuppener

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Anna Shuppener
(Address) 2404 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date June 19. 1933

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eastern Place

20. FILED ..... 19..... Registrar.

17 1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12 1933 to June 16 1933

I last saw him alive on June 16 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion -	
Acute Coronary Occlusion.	June 14/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Albert L. Levy M. D.

(Address) 742 S. Broadway

OCCUPATION is very important. See instructions on back of certificate. Exact statement in plain terms, so that it may be properly classified.

M. D. B. 1268-9

E 91320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 91320

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Hackett

(a) Residence: No. 103 Freeman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta Hackett

6. DATE OF BIRTH (month, day, year) May 14, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Hackett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Vop Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date June 17th, 1933

19. UNDERTAKER Archibald H. Gladdy

(Address) 210 W. Lafayette St.

Huntington Williams, N.Y.

20. Filed JUN 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933, to June 15, 1933

I last saw h alive on June 15, 1933 Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Strepto occi)	2 week

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Gurus M. D.

(Address) Mercy Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 91321 / 292 39 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 91321

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Kolodzieski

(a) Residence: No. 304 S Madeira St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-15-1873 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Lukinski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hamilton Cemetery Date June 19 1933.

19. UNDERTAKER George A. Weber

(Address) 705 E. Lanvale Street

20. [illegible] for [illegible] Registrar.

171933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933 to June 15, 1933

I last saw him alive on June 15, 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of pancreas	Jan 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) R Carmichael Telfman, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91322

CERTIFICATE OF DEATH

191

E 91322

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4668 Kenwood Ave. St.) 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha E. Willis

(a) Residence: No. 4668 Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph J. Willis

6. DATE OF BIRTH (month, day, year) June 11, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME L. M. Carrick

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary L. Schisler
(Address) 4668 Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date 6/19 1933

19. UNDERTAKER Wm. Lemmon
(Address) 4611 Park Heights Ave

19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from February 10 1933 to June 16 1933

I last saw h[illegible] alive on June 15 1933. Death is said to have occurred on the date stated above, at 7 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Chlorecystitis	Feb 1933
Catarrhal Jaundice	May 1933
Senile Debilitation	Jan 1933

Other contributory causes of importance:

Cerebral Hemmorhage	June 16

Name of operation V Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. W. Bishop, M. D.

(Address) 5201 Harford Ave

OCCUPATION IS very important. See instructions on back of certificate.

M. D. R. 1268-9

E 91323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 1/2 E 91323

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 109 Aisquith St (Salvation Army) 5-84

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. 9 ds.

2. FULL NAME Walter Burchell

(a) Residence: No. Infirmary - Trenton, N.J. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl Burchell

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton, N.J.

FATHER

13. NAME Daniel Burchell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lydia Fowler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Paulson & Van Hese (Undertakers)
(Address) Trenton, N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Trenton N.J. Date 6-17 1933

19. UNDERTAKER Paulson & Van Hese
(Address) Trenton N.J.

20. FILED JUN 17 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance:	
Hidtory of Asthma	35 yr s.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91324

CERTIFICATE OF DEATH

46v E 91324

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life time How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

2. FULL NAME Max R. Levy

(a) Residence: No. 3905 W. Garrison Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Levy

6. DATE OF BIRTH (month, day, year) Nov. 18, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Robert Levy

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME — Ring

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. May Levy

(Address) 3905 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Pikesville Friendship Date June 18, 1933

19. UNDERTAKER Laird Landsman & Son

(Address) 1902 Eutaw Place

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933 to June 16, 1933

I last saw him alive on June 16, 1933 Death is said to have occurred on the date stated above, at 7.40 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Recto-Sigmoid Junction — Date of onset .....

Other contributory causes of importance:

Gen. Peritonitis

Paralytic Ileus

Name of operation Resection of Rectum & Sigmoid Date of 6-13-33

What test confirmed diagnosis? C Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harold Hartford Aaronson M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

171933

M. D. B. 1268-0

91325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91325

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Miller

(a) Residence: No. Laurel, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13th 33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lee Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jessie Landon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lee Miller

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL

Laurel Hill Laurel Md June 17 33

19. UNDERTAKER Floyd Tucker

(Address) Laurel Md.

20. FILED June 19 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to June 17, 1933

I last saw h[illegible] alive on June 13, 1933. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Lung + Left pleura	June 13
Prematurity	
Other contributory causes of importance:	
Operation pneumonia (?)	June 13

Name of operation None Date of

What test confirms diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.

(Address) Laurel Hospital

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 71933

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91326

CERTIFICATE OF DEATH

E 91326

1. PLACE OF DEATH Balto. City Hospitals 82-001 Registered No.

CITY OF BALTIMORE: (No. ... St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Fisher

(a) Residence: No. no home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Goldie Fisher

6. DATE OF BIRTH (month, day, year) Mar 21, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ellicot City, Md.

FATHER

13. NAME Christopher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara Knight

16. BIRTHPLACE (city or town) (State or country) Balto. City, Md

17. INFORMANT Rural Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Potters Field Date June 18 1933

19. UNDERTAKER Easton Lobe
(Address) Ellicott City

FILED Huntington Williams, Registrar. 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-16 1932 to 6-15 1933

I last saw him alive on 6-15 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Pericardium	6-14-33

Other contributory causes of importance: None

Name of operation No Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

6-15-33 (Signed) Elmer Stoltzfus, M. D.

(Address) Balto City Hosp

INSTRUCTIONS.—Fill in this CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91327

E 91327

V 93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1210 Mt. Royal Avenue St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ALLEN HAMILTON

(a) Residence: No. 1210 Mt. Royal Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	[redacted]	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLERK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Stewart Hamilton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Martin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Family
(Address) 1210 Mt. Royal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date June 19, 1933

19. UNDERTAKER Chas. B. Ewing & Son
(Address) 1210 Mt. Royal Ave

17 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to June 16, 1933

I last saw h[illegible] alive on June 5th, 1933. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral decomposition	June 33

Other contributory causes of importance:

Arterio Sclerosis
Senile - Insanity

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Emma B Gamble, M. D.

(Address) Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91328

E 91328 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Pennsylvania St., 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Thomas

(a) Residence: No. Main Ward. Laurel Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Rena

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Augusta Ga
(State or country) Maryland

FATHER

13. NAME Mr Reed

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Mrs Reed

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mary Thomas
(Address) Main St. Laurel Md

18. ~~BURIAL, CREMATION, OR REMOVAL~~
Burial Place Bacon Cem. near Lowndes Md Date June 19 1933

19. UNDERTAKER E. Wiff Engleland
(Address) Laurel Md

20. FILED JUN 18 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1933 to 6-16 1933

I last saw him alive on 6-16 1933 Death is said to have occurred on the date stated above, at 11:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Harris M.D.

(Address) Provident Hospital

DEATH IS VERY IMPORTANT. See instructions on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91329 91329

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3459 Hickory St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gilbert Rooney

(a) Residence: No. 3459 Hickory St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 0 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
27	5 6	0 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at (this occupation (month and year)) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME James Rooney

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Elizabeth Neal

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT James Rooney
(Address) 3459 Hickory St

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National Date June 20 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17- 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
T.B. of Lungs	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1632 Poland St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91330

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91330

CERTIFICATE OF DEATH

V145-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Hensby.

(a) Residence: No. 7 Magruder Ave. Catonsville, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Frank Hensby.

6. DATE OF BIRTH (month, day, year) August 22, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas Fisher.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary I. Gardner.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frank Hensby. (husband)
(Address) 7 Magruder Ave. Catonsville,

18. BURIAL, CREMATION, OR REMOVAL
Place Edmondson City Md Date June 19th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 6/19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 15, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 10.25 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Peritonitis.	6/10/33

Other contributory causes of importance:

Child birth.	6/22/33

Name of operation No. Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. No.

(Signed) Otto M. Steinhardt, M. D.
Coroner

6/17/33 (Address) 1017 E. Charles St.

M. D. B. 1268-6

E 91331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91331

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, St., 12-01 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred .....yrs. .....mos. 2 ds. How long in U. S. If of foreign birth? 14 yrs. .....mos. .....ds.

2. FULL NAME John Holmstrom

(a) Residence: No. 47 Gray St., Bootle, Liverpool St., England Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) March 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 015

10. Date deceased last worked at this occupation (month and year) 5-12-33

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Abo (State or country) Finland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 17 1933

19. UNDERTAKER Wm Cook (Address) 1217 E Pratt St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 15, 1933

I last saw him alive on June 15, 1933. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull, compound, multiple, with intercranial hemorrhage	6-15-33
(Accidental)	

Other contributory causes of importance:

Coroner J. Morrissey

Name of operation ..... Date of no

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-15, 1933

Where did injury occur? Ft. of Caroline St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from ship's ladder (SS El Almirante)

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. L. Toussaint M. D.

(Address) U.S. Marine Hospital

(See other side)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91332

HEALTH DEPARTMENT—CITY OF BALTIMORE

91332

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH Balto, City Hospitals

CITY OF BALTIMORE: (No. [illegible] St., E-O Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. Miller

(a) Residence: No. 2033 E. Hoffman St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Troy

6. DATE OF BIRTH (month, day, year) Feb. 2, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housepainter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 630

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edw. Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Church

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records, Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date June 19th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St

20. FILED JUN 16 1933 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-33

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1933 to 6-16 1933

I last saw him alive on 6-16 1933 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer Diefenderfer M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91333

91333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 25-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Paris

(a) Residence: No. 415 Cambria St., (Brooklyn) Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Martha Paris

6. DATE OF BIRTH (month, day, year) May 29-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane man.

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Davison Chemical Co

10. Date deceased last worked at this occupation (month and year) Feb 1933

11. Total time (years) spent in this occupation 08 6

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Paris

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Page

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 19th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933 to June 16, 1933

I last saw him alive on June 16, 1933 Death is said to have occurred on the date stated above, at 3:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculus	Unknown
Paralytic ileus	6-7-33
Lobar Pneumonia	6-9-33

Other contributory causes of importance:

Name of operation Nephrotomy Date of 6-5-33

What test confirmed diagnosis? oper. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Arthur D. Sivinski M. D.

(Address) Mercy Hospital

E 10333

E

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91334

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 E Balto St St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 22 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Coleman

(a) Residence: No. 1506 E Balto St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer A Coleman

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Julius Coleman Son

(Address) 1506 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Date 6/18/33 19

19. UNDERTAKER Chas. Sevis Inc

(Address) 1500 E Balto St

20. FILED Huntington Williams Registrar

JUN 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16 33, 19

22. I HEREBY CERTIFY, That I attended deceased from May 5th 1933 to June 16th 1933.

I last saw h. alive on June 16th 1933 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. J. Sankert M. D.

(Address) 1192 N. Mullen

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

v. s. 3

Spec.—9 30—A. & Co.—250 Bks

E 91335 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91335

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 7-01 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Francis Hanson

(a) RESIDENCE NO. 514-E-21st St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 30, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	57	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 604

(b) General nature of industry, business, or establishment in which employed (or employer): Court Superior

(c) Name of employer: Stephen E. Little

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Chas. F. Hanson Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary A. Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Ethel Hanson
(Address): 514 E. 21st

15 JUN 16 1933 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/33

17

I HEREBY CERTIFY, That I attended deceased from 6/14, 1933, to 6/16, 1933

that I last saw h[illegible] alive on 6/16, 1933

and that death occurred, on the date stated above, at 12 45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Aloha H. Crowther M. D.

(Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: June 19 1933

20 UNDERTAKER: Frank V. Lipitone — ADDRESS: 2818 E. Baltimore St

FOR IMPORTANT. See instructions on back of certificates.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91336

E 91336

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E Hamburg St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes M Reed

(a) Residence: No. 112 E Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry M Reed

6. DATE OF BIRTH (month, day, year) May 14, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Weiler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry M Reed
(Address) 112 E Hamburg St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem
Date 6/20, 1933

19. UNDERTAKER Wm Funk
(Address) 1214 E Fayette St

20. FILED JUN 18 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1933 to June 16, 1933

I last saw her alive on June 16, 1933. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinite)	
Other contributory causes of importance:	
Exhaustion	6.14.33

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. K. Campbell M. D.

6.18.33 (Address) 1644 Hanover Street

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1265-9

E 91337 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91337

CERTIFICATE OF DEATH

1084

1. PLACE OF DEATH

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stefania Klimowiecz

(a) Residence: No. 1619 Lancaster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 8/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander Klim9wicz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Stefania Gryglik

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Stefania Klimowiecz
(Address) 1619 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 19. 1933

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

19a. FILED ... Registrar.

IN 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...
I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 12.45m P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Probably Lobar Pneumonia	2 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. E. Keen, M. D.
(Address) 504 E North Ave Coroner

Please see instructions on back of certificate. Every question is very important.

M. D. B. 1268-9

91338

HEALTH DEPARTMENT—CITY OF BALTIMORE

91338

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Md. Gen. Hospital — Registered No.

CITY OF BALTIMORE: (No.) St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth 76 yrs 0 mos 21 ds

2. FULL NAME Miss Mary Matilda Stevens

(a) Residence: No. 810 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): May 27-1857 May 27-1858

7. AGE: Years (76) 75 | Months 0(0) | Days 20 (21) | If LESS than 1 day.....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mistress
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Kate Stevens
14. BIRTHPLACE (city or town) (State or country): Balt. Md.

MOTHER

15. MAIDEN NAME: Margaret Hannigan
16. BIRTHPLACE (city or town) (State or country): Balt

17. INFORMANT: Hon. Recorder
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: Woodlawn Cem. Date: June 19 1933

19. UNDERTAKER: Stirwald Hearse Company
(Address): 2 Baltimore Ave

20. FILED: 16 1933 Registrar: Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-17-33 19

22. I HEREBY CERTIFY, That I attended deceased from 5-9- 1933 to 6-17- 1933

I last saw her alive on ..... 19 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Myocarditis Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) L. J. Pearce M.D.

(Address) Md. Gen. Hospital

Instructions on back of certificate. See

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91339 91339

CERTIFICATE OF DEATH

93-004
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 Sterling St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Birdie Daniels

(a) Residence: No. 900 Sterling St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Daniels

6. DATE OF BIRTH (month, day, year) Dec 20/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Gabson

14. BIRTHPLACE (city or town) (State or country) Balto., Md. ?

MOTHER

15. MAIDEN NAME Mary ---------

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. Daniels
(Address) 900 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/19. 1933

19. UNDERTAKER Rayner Sanders
(Address) 1413 E Fayette St
Huntington Williams M.D.
Registrar.

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Wolf M. D.
Coroner
(Address) 506 E Monument

M. D. H. 1268-9

E 91340

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91340

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Maryland General Hospt. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. mos 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Andrew Frost

(a) Residence: No. 1323 Beechwood Rd., Ward Lauraus Point Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Belle Missouri Frost

6. DATE OF BIRTH (month, day, year) Aug 15, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired Steel Commission

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country) Uniontown Pa.

FATHER

13. NAME Andrew Frost

14. BIRTHPLACE (city or town) (State or country) Uniontown Pa.

MOTHER

15. MAIDEN NAME Caroline Dugast

16. BIRTHPLACE (city or town) (State or country) Uniontown, Pa.

17. INFORMANT Mrs W. C. Johns

(Address) 480 Wilson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Morganstown W. Va. 6/19/33

19. UNDERTAKER Wm Lutz & Son

(Address) 1217 E Pratt St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1933 to 6-17 1933

I last saw HIM alive on 6-17 1933 Death is said to have occurred on the date stated above, at 4.05 P. m.

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy (Benign) — Date of onset 1928

Other contributory causes of importance:

Uremia — 6-14-33

Cardiac failure — 6-17-33

Name of operation Supra-pubic Prostatectomy Date of 6-15-33

What test confirmed diagnosis: CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) 911 Linden Ave

Spec.—1-30—M. & T.—250 Blks

E 91341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91341

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 Hayward Ave ST., 27-01 WARD)

2-FULL NAME Harry B French

(a) RESIDENCE NO. 3717 Hayward Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie B French

6 DATE OF BIRTH (month, day, and year) Dec 31 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clerk. 69

(b) General nature of industry, business, or establishment in which employed (or employer) Balto P. Office

(c) Name of employer

9 BIRTHPLACE (city or town) Cincinnatti Ohio
(State or country)

PARENTS

10 NAME OF FATHER Theo. French

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Ella M. French
(Address) 3717 Hayward Ave

15 Filed June 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17. 1933

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1933, to June 17, 1933.

that I last saw h[illegible] alive on June 17, 1933.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis (Resident) 3 yrs
Dilated Heart 1 yrs
Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Coma 6 hrs
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Impression

(Signed) Wm Grant, M. D.

, 19 (Address) 321 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL June 19 1933

20 UNDERTAKER Harry H Amacost & Son 4204

ADDRESS Ridgewood Ave

M. D. H. 1268-b

E 91342 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91342

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elias Wesley Fowble

(a) Residence: No. Woodensburg, Balto. Co. Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jenne B.

6. DATE OF BIRTH (month, day, year) June 26, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper & Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampstead Carroll Co. Md

FATHER

13. NAME Frederick Fowble

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Lucretia A. Bosley

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT Mrs. Jenne Fowble
(Address) Woodensburg, Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls Cem. Date June 20 1933

19. UNDERTAKER Harry Myers & Sons
(Address) Reisterstown Md.

20. FILED JUN 19 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	6/16/33
Shock	
Other contributory causes of importance:	
Automobile Accident	6/16/33

Name of operation none Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/16 1933
Where did injury occur? Reisterstown Rd. nr. Dolfield
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury auto he was driving
Nature of injury collided with another

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny M. D.
Coroner
(Address) 2260 E Madison St.

INSTRUCTIONS: Items must be answered in ink or typewriter. See instructions on back of certificate.

M. D. B. 1268-2

E 91343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91343

CERTIFICATE OF DEATH

164

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 N. Calvert St., 42-01 Ward)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry A. S. Shepard (Shepherd)

(a) Residence: No. 2519 N. Calvert St., 42 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel Sadtler Shepherd

6. DATE OF BIRTH (month, day, year) aug 12 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shepherd Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Eglint Shepherd

14. BIRTHPLACE (city or town) (State or country) Fayetteville N C

MOTHER

15. MAIDEN NAME Catherine Goodrich

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Ethel Sadtler Shepherd

(Address) 2519 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date June 19, 1933

19. UNDERTAKER Chas. E. Black

(Address) 1124 W. Franklin St

20. FILED JUN 19 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Gas Poisoning Suicide

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Magruder M. D.
Coroner

(Address) 1632 Roland Ave

M. D. B. 1268-9

2026 ✓ E 91344

E 91344 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Retreat St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Ritter

(a) Residence: No. 1518 Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice B Ritter

6. DATE OF BIRTH (month, day, year) Feb. 2nd 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME J Austin Dwyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Camilla Boyd.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Maurice B. Ritter

(Address) 1518 Retreat St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6-19th 1933

19. UNDERTAKER Bernard C Harbe

(Address) 1000 S Paca St

FILED JUN 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2 1933 to June 16 1933

I last saw her alive on June 14, 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Cervix Uteri	
Myocarditis	

Other contributory causes of importance:

Name of operation ✓ Date of —

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw Talbott M. D.

(Address) 2026 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—1-30—M. & T.—250 Bks.

E 91345

E 91345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3361 Beech ave ST. 13-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George C. Schmidt

(a) RESIDENCE NO. 3361 Beech ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? 81 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ (nee Hieronymus) Annie Schmidt

6 DATE OF BIRTH (month, day, and year) Nov. 18, 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	6.	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Balto City Police

(b) General nature of industry, business, or establishment in which employed (or employer) 46 yrs. 061

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Herman Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Wife) Annie Schmidt

(Address) 3361 Beech ave

15 Filed JUN 19 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1933

17

I HEREBY CERTIFY, That I attended deceased from June 8th, 1933, to June 17th, 1933, that I last saw him alive on June 17th, 1933, and that death occurred, on the date stated above, at 4 15 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis and Chronic Myocarditis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Usual

(Signed) H. H. Hammer, M. D.

June 17 1933 (Address) 1729 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: June 20 1933.

UNDERTAKER: Walter Davis ADDRESS: 3418 Eastern Ave

AdCo. 5-31 2508

E 91346

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91346

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3501 Chestnut Ave St. 19-01 Ward)

Length of residence in city or town where death occurred 85 yrs. .... mos. .... ds. How long in U.S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Annie Horton

(a) Residence: No. 3501 Chestnut Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos Horton

6. DATE OF BIRTH (month, day, year): Feb 15 1848

7. AGE: Years 85 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md

FATHER

13. NAME: Annie Deely

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Used not known

16. BIRTHPLACE (city or town) (State or country): Used not known

17. INFORMANT: Ann Selby

(Address) 3501 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cem Carroll Co

Date June 20 1933

19. UNDERTAKER: J. S. Marshall

(Address) 3539 Falls Road

20. [illegible] June 19 1933 [illegible] Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933, to June 17, 1933

I last saw her alive on June 16, 1933 death is said to have occurred on the date stated above, at 12 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Rt. side Paralysis	

Other contributory causes of importance: Hypostatic Congestion

Name of operation None Date of .....

What test confirmed diagnosis? Physical exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H H Deely M.D.

(Address) 817 Medical Arts Bldg

M. D. B. 1268-9

E 91347

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91347

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hamanity Hospital (Ward) 20-01

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Warren A Crandell

(a) Residence: No. 2242 Mc Henry St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20th 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Williamsport Md

FATHER

13. NAME Joshua E. Crandell

14. BIRTHPLACE (city or town) (State or country) Ohio Md

MOTHER

15. MAIDEN NAME Lydia L. Ripley

16. BIRTHPLACE (city or town) (State or country) Williamsport Md

17. INFORMANT Joshua E. Crandell
(Address) 2242 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 19 1933

19. UNDERTAKER F. B. Shipley Son
(Address) 300 Eutaw Place

20. FILED JUN 19 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 3:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	

Other contributory causes of importance:

Toxemia - (Pneumonia)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Feller M. D.
Coroner

(Address) 2764 Eastern Ave

Instructions on back of certificate.

1-30—M. & T.—100 B—50L

91348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 91348

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 8-01 WARD)

2-FULL NAME Franklin Leo Muellar

(a) RESIDENCE NO. 1519 E. Lanvale Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6 DATE OF BIRTH (month, day, and year) July 13, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Andrew S. Muellar

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabel Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

PARENTS

Informant Mrs. Isabel Muellar

(Address) 1519 E. Lanvale Street

Filed ..... 192 ..... Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17/33 10.15 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... Coroner, M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL June 20, 1933

20 UNDERTAKER ..... ADDRESS .....

M. D. F. 1168-9

91349

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91349

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 E. Federal Street St., 6-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 Years yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Philip Pensel

(a) Residence: No. 1723 E. Federal Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Marie Weigand

6. DATE OF BIRTH (month, day, year) Aug. 30, 1852.

7. AGE Years	Months	Days 16	If LESS than 1 day, hrs.
80	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Paper Carrier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Pensel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christena Cappas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles Pensel
(Address) 1723 E. Federal Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 20, 1933

19. UNDERTAKER Geo. A. Robb Son
(Address) 1325 Harlem Ave

20. FILED June 20 1933 Lexington Hillman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to June 16, 1933.
I last saw him alive on June 16, 1933 Death is said to have occurred on the date stated above, at 10.8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Other contributory causes of importance:	
Cardiorenal	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John T. Avery M. D.

(Address) 1603 E. Broadway

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1933 E 91350

E 91350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 E Madison St., 1-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence R. Goedeke

(a) Residence: No. 2303 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie L. Goedeke

6. DATE OF BIRTH (month, day, year) Apr 5-1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. automobile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Goedeke

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Henriette Hartung

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Elsie L Goedeke

(Address) 2303 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 17 1933

19. UNDERTAKER John Tillett & Son

(Address) 2006 Eutaw

20. FILED JUN 19 1933 Registrar

151533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1930 to June 16 1933.

I last saw him alive on June 14 1933. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-1-30

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Gordy M. D.

(Address) Harford Rd & Overland Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

91351

HEALTH DEPARTMENT—CITY OF BALTIMORE

91351

CERTIFICATE OF DEATH

93-103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Gilmore St. 16-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Johnson

(a) Residence: No. 1029 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia R. Johnson

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cross Co Va.

FATHER

13. NAME Chas. Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eva Shirley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Julia R. Johnson
(Address) 1029 Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 6/19 1933

19. UNDERTAKER Samuel T. Hemsley
(Address) 528 N. Biddle St

Filed JUN 19 1933 Washington, Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17. 1933 to June 15 - 1933

I last saw h alive on June 15 . 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Other contributory causes of importance: Cerebral Sclerosis and Cerebral Hemorrhage	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J. O'Malley M. D.

(Address) 1200 Druid Park Ave

1-30—M & T—100 B—50L

E 91352

✓ E 91352

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital 12-01 WARD)

2-FULL NAME Richard Yates Ward

(a) RESIDENCE NO. 309 Wendover Road ST., _____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Houston

6 DATE OF BIRTH (month, day, and year) July 11, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Smith Ward

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth A. Fendall

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant George H. Ward
(Address) 309 Wendover Road

15 Filed JUN 19 1933 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? _____

(Signed) John Monroe Coroner M. D.

19 (Address) 1432 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 6/20 1933

UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert

M. D. B. 1268-9

E 91353

E 91353 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2261 Rutherstown Road Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Chenowith

(a) Residence: No. 2261 Rutherstown Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
M.	W	married

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62.	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm C. Chenowith

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Susan Jones

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Dorothy D. Brueton
(Address) 2264 Rutherstown Rd

18. BURIAL, CREMATION OR REMOVAL
Place Stone Chapel Date June 21, 1933

19. UNDERTAKER Joseph Lutz & Sons
(Address) 16 W. North Ave

N 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH 1933

21. DATE OF DEATH (month, day, year) 6-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage (Pul. T.B.)
From Ruptured

Date of onset

(Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Thomas Stronach, M. D.

(Address) 2532 Roland Ave

See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91354

CERTIFICATE OF DEATH

121

E 91354

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 Joseph Hosp St., 9-01 Ward)

Length of residence in city or town where death occurred 25 yrs. — mos. — dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Mrs Merle Elizabeth Waltz

(a) Residence: No. 704 Gorsuch ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) aug 31 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Card maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uniontown Md

FATHER

13. NAME James L. Waltz

14. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

MOTHER

15. MAIDEN NAME Cora May Rompfert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Helen May Waltz
(Address) 704 Gorsuch ave

18. BURIAL, CREMATION, OR REMOVAL
Uniontown Md Date June 20 1933

19. UNDERTAKER Chas G. Black
(Address) 714 W Fayette ave

FILED JUN 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27th 1933 to June 18th 1933

I last saw h[illegible] alive on June 18th 1933. Death is said to have occurred on the date stated above, at 8 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	5/24/33
Peritonitis	
Chronic myocarditis	
Other contributory causes of importance:	
Embolic Pneumonia, cardiac	6/18/33

Name of operation Appendectomy Date of 5/27/33

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. F. Carozza M. D.

(Address) at Bolgiano Hosp.

E 91355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91355

CERTIFICATE OF DEATH

X 44-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provincetown Hospital St. 44-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 7 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Effie Ridgely

(a) Residence: No. Harry Ridgely Md St., ... Ward.

(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Ridgely

6. DATE OF BIRTH (month, day, year) Dec 25 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Harford Co.

FATHER

13. NAME Levi Brown

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Emma B. Brown

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Harry Ridgely

(Address) Harry Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem Date June 20 1933

19. UNDERTAKER C. M. Waltz

(Address) Kingsville Md.

20. FILED JUN 19 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11th 1933 to June 18th 1933

I last saw her alive on June 18th 1933 Death is said to have occurred on the date stated above, at 2 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	6/7/1933
Other contributory causes of importance: Bronchial Pneumonia	6/17/33

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) ..... M. D.

(Address) John Frederick Simmons

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91356 E 91356

CERTIFICATE OF DEATH

V 82-001

Registered No. 12-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Wendover Rd. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lereua Porter Kimball

(a) Residence: No. 306 Wendover Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Horace Freeman Kimball

6. DATE OF BIRTH (month, day, year): Nov. 26 1853

7. AGE: Years 79 | Months 6 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Danvers Mass.

FATHER

13. NAME: Moses Black

14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER

15. MAIDEN NAME: Harriett Page

16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMANT: Mr. Leland P. Kimball

(Address) 306 Wendover Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Danvers Mass. Date June 19 1933

19. UNDERTAKER: Wm. H. Reed & Sons

(Address) Huntington Ave. Boston Mass.

20. Filed 19 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933 to June 19, 1933 Last saw h.e.. alive on June 18, 1933 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine sclerosis	1929
Hypertension	
Cerebral Hemorrhage	6/14/33

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer C. Todd M. D.

(Address) 735 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91357

CERTIFICATE OF DEATH

V 47 E 91357

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 7-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Ryan

(a) Residence: No. 1930 E. Lombard St. St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Theresa Ryan

6. DATE OF BIRTH (month, day, year): Mar. 31 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Hall

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 09

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Daniel Ryan

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Catherine Rapp.

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Theresa Ryan (Wife)
(Address): 1930 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cem. Date: June 20, 1933

19. UNDERTAKER: Lilly & Julia Sue.
(Address): 403 E. Wolfe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13th, 1933 to June 17th, 1933

I last saw h.[illegible] alive on June 17th, 1933 Death is said to have occurred on the date stated above, at 1157 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm of lung - malignant	March 1933?

Other contributory causes of importance:

Hydrothorax Edema spontaneous	June 1933

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John Frederick Lemmon, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A4Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91358

CERTIFICATE OF DEATH

30 E 91358

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2549 Flora St. 13-01 Ward)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Vernon Jones

(a) Residence: No. 2549 Flora St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-18-1906

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Loveland Jones

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Alice Woodland

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Alice Jones
(Address) 2549 Flora st

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Hudson Date 6-20-1933

19. UNDERTAKER George T. A. Gibson
(Address) 1733 Edmondson Ave

Huntington Williams, Reg.

20. FILED 191933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 .1933

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1933, to 6/17, 1933

I last saw h.[illegible] alive on 6/16 1933 death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Colitis	
Tuberculosis of prostate and rectum	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. Lantz M. D.

(Address) 2139 Druid Hill Ave

Spec.—8-16-29—L. F. S.—100 Bks.

E 91359

E 91359

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1200 N. Gay ST., 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John A Raine.

(a) RESIDENCE NO. 1200 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Raine.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Telephone Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Cumberland Co (State or country) Pa.

PARENTS

10 NAME OF FATHER James Raine

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant H. G. Raine

(Address) York Haven Pa.

15 Filed JUN 19 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to June 18, 1933,

that I last saw him alive on June 18, 1933

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Allan Rosenberg M. D.

6/19, 1933 (Address) 7025 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL June 20 1933.

20 UNDERTAKER Fred. Lossenhimer Son

ADDRESS 740 Belair

Spec.—1-12-23—M&T—500 Bks.

E 91360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91360

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 Wetheredville Road ST. 7th WARD)

2-FULL NAME Bernard Carroll Thorn

(a) RESIDENCE NO. 4900 Wetheredville Road ST., 21st WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 7 1933

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph J. Thorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Wilhelmina Schiebel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Mr. Joseph J. Thorn

(Address) 4900 Wetheredville

9 1933 Huntington Williams Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1933

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to June 19, 1933, that I last saw him alive on June 18, 1933, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Geo. F. Forehand M. D.

6/19 1933 (Address) 700 Hindes Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL June 19 1933

20 UNDERTAKER John F. Henry — ADDRESS 715 Light St.

See instructions on back of certificates.

M. D. B. 1268-B

91361 HEALTH DEPARTMENT—CITY OF BALTIMORE 48V E 91361

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 76-01 (Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Parker

(a) Residence: No. 624 S. Macon St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 7-6-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Halifax N.C.

FATHER

13. NAME Unknown Negro

14. BIRTHPLACE (city or town) (State or country) Halifax N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Halifax N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va. Date June 19 1933

19. UNDERTAKER John C. Miller
(Address) 2235 E. Eleventh

19 1933 Huntington Williams Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18/1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1932 to 6-18, 1933

I last saw h[illegible] alive on 6-18, 1933 Death is said to have occurred on the date stated above, at 5 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	
c Regional Metastases	1931
Pelvic Abscess	
Other contributory causes of importance:	
Bronchopneumonia	6/11/33

Name of operation Biopsy Cervix Date of 3/15/33

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91362

HEALTH DEPARTMENT—CITY OF BALTIMORE

91362

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 340 W. Lanvale St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Turner Hadsall

(a) Residence: No. 601 N. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mabel A. Hadsall

6. DATE OF BIRTH (month, day, year): May 27 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Truman Hadsall

14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER

15. MAIDEN NAME: Lydia Hitchcock

16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMANT: Mabel A. Hadsall
(Address) 601 N. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem Date June 21, 1933

19. UNDERTAKER: Philip Hamil on Chas Hamil
(Address) 2016 Eastern Ave

20. FILED JUN 19 1933 Harrington Register

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6 / 16, 1933 to 6 / 18, 1933

I last saw him alive on 6 / 18, 1933 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with edema about 2 months duration	

Other contributory causes of importance:

None

Name of operation: Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Franklin Square Hospital

M. D. B. 1265-9

91363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91363

V 72-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 97-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Ford, Jr.

(a) Residence: No. 500 Woodbourne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13/1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brocklyn, Md

FATHER

13. NAME Vernon Ford

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Hair

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Anna H. Ford
(Address) 500 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date June 21 1933

19. UNDERTAKER A. Howard Evans
(Address) 3[illegible] E. Fayette St.

20. [illegible] 1933 H. Livingston Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia	4-6 weeks
Acute Nephritis-uremia	???

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Hall Coroner M. D.

(Address) 508 E Monument

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

91364

CERTIFICATE OF DEATH

13/E 91364

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Maryland Ave. St. 12-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L. Thomas

(a) Residence: No. 2528 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. Benjamin Thomas

6. DATE OF BIRTH (month, day, year) October 21, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbott County Maryland

FATHER

13. NAME William Hardican

14. BIRTHPLACE (city or town) (State or country) Talbott County Maryland

MOTHER

15. MAIDEN NAME Ann Warren

16. BIRTHPLACE (city or town) (State or country) Talbott County Maryland

17. INFORMANT Mrs. Katharine G. Bieman

(Address) 2528 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 20, 1933

19. UNDERTAKER Joseph O. Cook

(Address) 1003 E. Baltimore St.

Registered, June 19, 1933 Harrington Hitchcock, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15th, 1933, to June 18th, 1933

I last saw her alive on June 15th, 1933 Death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1925
Other contributory causes of importance:	
arteriosclerosis	1915

Name of operation None Date of 0

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Eugene Douglas, M. D.

(Address) 3043 St. Paul St.

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

91365

CERTIFICATE OF DEATH

E 91365

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Scott St., 21-001 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John O. Wallace

(a) Residence: No. 1138 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 43

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm. E. Wallace

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary E. Foster

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Katherine Cavanaugh
(Address) 1348 James St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date June 20, 1933

19. UNDERTAKER John W. Teufel & Son
(Address) 801 W. Fayette St.

20. FILED June 19 1933 Huntington Wilkerson, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1933 to June 17, 1933.
I last saw h[illegible] alive on June 17, 1933. Death is said to have occurred on the date stated above, at 1925 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pitial Regurgitation	
Other contributory causes of importance: Bronchial Stone	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, state ...

(Signed) Richard Dam M. D.

(Address) 1727 Madison

M. D. B. 1268-0

91366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 91366

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Old York Road Ward) 4-01

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda J. Gemmill

(a) Residence: No. 3513 Old York Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James E. Gemmill

6. DATE OF BIRTH (month, day, year) Oct 24. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0?

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Isaac Strawbridge

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Ebaugh

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth M. Wilkinson

(Address) 3513 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL Date June 21 1933

Place New Market, Md.

19. UNDERTAKER Mrs. Mrs. John W. Rifle & Son

(Address) 801 W. Lafayette St

Huntington Williams, Registrar.

91933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from July ... 1920, to June 18, ... 1933

I last saw her alive on June 17, ... 1933. Death is said to have occurred on the date stated above, at 11.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1915?
Arteriosclerosis	
Other contributory causes of importance:	
Cerebral Hemorrhage	1931
" "	1933

Name of operation None Date of ---

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Finley M. D.

(Address) 2522 Greenmount Ave.

M. D. R. 1268-0

91367

HEALTH DEPARTMENT—CITY OF BALTIMORE

91367

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Mpl. Lunacy Hospital

CITY OF BALTIMORE: (No.) St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Ivary

(a) Residence: No. 1309 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26 - 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 40

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Louis Ivory

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Miller

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Wilmington Del. June 20 1933

19. UNDERTAKER Mc Rott & Elliott

(Address) 1129 N. Caroline St

Registrar.

19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1933 to 6-17, 1933

I last saw h[illegible] alive on 6-17, 1933 Death is said to have occurred on the date stated above, at 10 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance: Spontaneous Collapse of Lung	6/15/33

Name of operation None Date of

What test confirmed diagnosis? Autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Md. Sanitarium Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91368 E 91368

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-001 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Lear

(a) Residence: No. 739 Dover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bertha Lear
(Address) 739 Dover

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6-18 1933

19. UNDERTAKER Daniel Eastlack
216 Pine

20. FILED 6-19 1933 H. Livingston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Alcoholism

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feller M. D.
Coroner

(Address) 2037 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91369 E 91369

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 W. Mulberry St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jones

(a) Residence: No. 623 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Tobe Crisp

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Montgomery

(Address) 1512 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6-19 33

19. UNDERTAKER David Easton

(Address) 916 Pa ave

20. FILED 6-19-1933 Clinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Eugene Feller M. D.
Coroner

(Address) 2413 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91370

91370

CERTIFICATE OF DEATH

× 152

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Green

(a) Residence: No. St Marys Co, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 8 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Green

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Yeatman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys City Date June 20. 1933

19. UNDERTAKER E. L. Robinson
(Address)

JUN 19 1933 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/18 . 1933 to 6/19 . 1933

I last saw h... alive on 6/19 . 1933 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive Cellulitis left arm & forearm with necrosis	10 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Jenkins M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement is necessary, as that is only by which it can be properly classified.

M. D. B. 1268-9

91371

✓ E 91371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Prout

(a) Residence: No. ... St., ... Ward. Lothian, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 - 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 109

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) a a co md

FATHER

13. NAME Richard Glenn Prout

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Mary E Nuttwell

16. BIRTHPLACE (city or town) (State or country) a a co md

17. INFORMANT Richard Glenn Prout
(Address) Lothian Md

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Md Date June 22, 19 33

19. UNDERTAKER D I Hopkins
(Address) Annapolis Md

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to June 19, 1933

I last saw h. alive on June 19, 1933 Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pharyngitis	6-9-33
Acute peritonitis diffuse	6-12-33
Pleurisy	6-17-33
Empyema	6-18-33

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Dyer Moore, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

19 1933 Huntington Whitney

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91372 91372

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospt. (Ward) 10 East

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 69 yrs. ... mos. ... ds.

2. FULL NAME Nicholas Kirwan

(a) Residence: No. 1813 Edmondson Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	W.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ —

6. DATE OF BIRTH (month, day, year) — — 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Kirwan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen McCaffery

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record

(Address) Md. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R. R. Date June 19 1933

19. UNDERTAKER Wendell Leppard

(Address) 300 S. Edmondson Ave.

20. FILED Huntington, West Virginia, Nov. 1933 Registrar.

JUN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/30/ 1933 to 6/17 1933

I last saw him alive on 6/17 1933 Death is said to have occurred on the date stated above, at 8 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	2/33
Adenocarcinoma of rectum	"

Other contributory causes of importance:

Cachexia & myocardial failure	2/33

Name of operation Appendectomy & drain Date of Feb. '33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If ... specify ...

(Signed) L. J. Chandler M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91373

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Union Ave St., 23rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie L King

(a) Residence: No. 1603 Union Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert R King

6. DATE OF BIRTH (month, day, year) Oct 15 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W Va

FATHER

13. NAME George L Wilt

14. BIRTHPLACE (city or town) (State or country) Harpers Ferry W Va

MOTHER

15. MAIDEN NAME Mary Groves

16. BIRTHPLACE (city or town) (State or country) Harpers Ferry W Va

17. INFORMANT Albert R King

(Address) 1603 Union Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 20 1933

19. UNDERTAKER W M Cook

(Address) 1314 E Fayette St

Washington Funeral Home Inc

UN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11 1933 to June 18 1933

I last saw her alive on June 17 1933 Death is said to have occurred on the date stated above, at 8 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1932

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Hamilton M. D.

(Address) 3701 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91374 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91374

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 S. Conkling St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J. Goldschmidt

(a) Residence: No. 211 S. Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida A. Goldschmidt

6. DATE OF BIRTH (month, day, year) Dec 31 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman Goldschmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosalie Kendell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ida A. Goldschmidt
(Address) 211 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Mem. Date June 20, 1933

19. UNDERTAKER Philip Herbert Jr. & Sons
(Address) 2416 Eutaw Pl.

20. Filed ... 19... Registrar

JUN 20 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to June 17, 1933

I last saw him alive on June 17, 1933. Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 10 yrs. ago.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Francis J. Ayd M. D.

(Address) 3006 E. Lombard St.

M. D. B. 1268-9

E 91375

E 91375 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Bolton St. St. 14-01 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth 63 yrs. mos. ds.

2. FULL NAME Mina Binswanger

(a) Residence: No. 1908 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Binswanger

6. DATE OF BIRTH (month, day, year) Jany. 30, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria

FATHER

13. NAME Isaac Waoker

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Fritzie Jordon

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mr. Sylvan Binswanger
(Address) 1908 Bolton St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Balto. Hebrew Cem. Date June 20, 1933

19. UNDERTAKER Ward Sondheim & Sons
(Address) 1902 Eutaw Place.

JUN 20 1933

..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation Regular Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. B. Hurst M. D.
Coroner

(Address) 1 Lexington

M. D. B. 1268-9

91376

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91376

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hosp. St.) (Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Conte

(a) Residence: No. Balto city Hospital St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Benjamin Conte

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Pertchetti

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hos. Balto Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 6/20 1933

19. UNDERTAKER L. F. McCully & Son

(Address) 130 E. Fayette

20. FILED 6-20-1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1933 to 6/17 1933

I last saw him alive on 6/17 1933 Death is said to have occurred on the date stated above, at 9:15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco pneumonia hypostatic	5 d.
arteriosclerosis	2 yrs
Uremia	2 d.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Power Thompson M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91377

HEALTH DEPARTMENT—CITY OF BALTIMORE

91377

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W. B. & H. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? 20 yrs. mos. da.

2. FULL NAME Carl E. Hausch

(a) Residence: No. 254 S. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ottilia a Hausch NELLIE

6. DATE OF BIRTH (month, day, year) June 4 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Q S

10. Date deceased last worked at this occupation (month and year) 4/15/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME [illegible] Hausch

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Nellie Hausch
(Address) 2543 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date June 22, 1933

19. UNDERTAKER John Grebliunchas
(Address) 423 S. Paca St.

20. FILED June 19 1933 Registrar.

JUN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/16/33, 19..., to 4/19/33, 19...

I last saw h. alive on 4/19/33, 19... Death is said to have occurred on the date stated above, at 7.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	?
Coronary Thrombosis	4/16/33

Other contributory causes of importance:

Generalized Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) No. 2 Balto. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

91378 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91378

CERTIFICATE OF DEATH

V 131

Registered No. 16-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3134 Belmont Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis A. Causey

(a) Residence: No. 3134 Belmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary E. Causey

6. DATE OF BIRTH (month, day, year) 11/2/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lewis C. Causey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma F Kemp

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Ed Hudgens

(Address) 3134 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date June 20 1933

19. UNDERTAKER Mary M Medford

(Address) 1 E 32nd St.

N 201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1932 to June 17, 1933

I last saw him alive on June 17, 1933 Death is said to have occurred on the date stated above, at 4:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio-vascular disease	1/1/32
Chronic nephritis with hypertension	1/2/32
Other contributory causes of importance:	
apoplexy	3/6/32

Name of operation none Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. E. Shannon M. D.

(Address) 3300 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91379

HEALTH DEPARTMENT—CITY OF BALTIMORE

91379

CERTIFICATE OF DEATH

V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Sterling St. 10-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julia Edwards

(a) Residence: No. 1006 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Malecia Edmonds

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5-2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Walzell S. C.

FATHER

13. NAME Robert Jacobs

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Julia Brown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Maria Johnson

(Address) 1006 Sterling St

18. BURIAL, CREMATION, OR REMOVAL

Place Sumter S. C. Date 6-20 1933

19. UNDERTAKER Byron & James E. Knight

(Address) 128 Mc Elderry St

20. FILED 6-20 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-16 1933 to 6-18 1933

I last saw her alive on 6-18 1933. Death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/16/33
Other contributory causes of importance: Acute Bronchitis and Contributory Intestities	6/12/33

Name of operation None Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. R. Blake M. D.

(Address) 924 Fitzgerald St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91380

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 S Highland Ave Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria M Brocklik

(a) Residence: No. 142 S Highland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND (or) WIFE of: John Brocklik

6. DATE OF BIRTH (month, day, year): April 4 1847

7. AGE: Years 86 | Months 2 | Days 27 | If LESS than 1 day, hrs. or min. 3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Gugsmann

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Richard LeCompte

(Address): 2001 N Washington

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: June 20 1933

19. UNDERTAKER: John Leuck

(Address): 200 S Wilkens Ave

[illegible] 19... [illegible] Registrar.

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15 1933 to June 16 1933

I last saw her alive on June 16 1933 Death is said to have occurred on the date stated above, at 10 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Right Femur -	April 15

Other contributory causes of importance:

Senility & Heart

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~ or ~~homicide~~? Date of injury April 15 1933

Where did injury occur? Home - 142 S. Highland Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Stone

Manner of injury Fell down stairs

Nature of injury Fract. Right thi - Upper 1/4 the

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate. Each statement of ... is required.

M. D. B. 1268-9

381 Swetty Truesdale

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91381

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St., 41-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Swetty Truesdale

(a) Residence: No. 1011 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie

6. DATE OF BIRTH (month, day, year) 10-10 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Kinston, S. C.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Kinston S. C.

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL National Cem. Date June 20 33

19. UNDERTAKER Bernard P. Frawley
(Address) 818 Druid Hill Ave

N 201933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1933 to 6-16 1933

I last saw h. alive on 6-16 1933. Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	5-1-33

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Edward H. Ashe, Jr. M. D.
(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91382 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91382

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Broadway St. 9-01 Ward)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Hutson

(a) Residence: No. 110 S. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Robert L. Hutson

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Darrington

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mary D. Clopton
(Address) 3913 Cloverhill Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 6/20/33 19

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

JUN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 18 1933 to June 18 1933

I last saw her alive on June 18 1933 Death is said to have occurred on the date stated above, at 7¼ P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Exhaustion	June 17/33

Other contributory causes of importance:

Chronic valvular disease of heart ? & sp ab
Varicose ulcer of leg.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) John L. Sanderson M. D.

(Address) 1714 N. Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91383

E 91383

107-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 11-61 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Herbert Bishop

(a) Residence: No. 917 Jordan alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-24-1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
66 67	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Tasley Bishop

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jennie Pratt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/21/33

19. UNDERTAKER Samuel J. Hatcher Co
(Address) 578 N Bond St

20. FILED 6/20/1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.16.1933

22. I HEREBY CERTIFY, That I attended deceased from 6-6-1933 to 6-16-1933

I last saw him alive on 6-16-1933 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6-10-33
Other contributory causes of importance:	
Alcoholic Psychosis	?
Edema of Brain	?

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

6-16-33 (Signed) Elmer Highbee M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

Mary C Amos

E 91384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91384

CERTIFICATE OF DEATH

108

REGISTERED NO.

1-PLACE OF DEATH Balto Md

City of BALTIMORE: (No. 1904 McCulloh St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Carter Amos

(a) RESIDENCE NO. 1904 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife. Carter William Amos 2nd Thomas

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: 63 Years Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 40 0

(c) Name of employer

9 BIRTHPLACE (city or town) Annapolis County

(State or country) Md

PARENTS

10 NAME OF FATHER Richard Hall

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Blakstone

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant (Address) Jas Hall 1904 McCulloh St

15 Filed ..... 19 ..... Huntington Williams Registrar

UN 20 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

6/17/33

17 I HEREBY CERTIFY, That I attended deceased from 6/15, 1933, to 6/17/33 19

that I last saw h[illegible] alive on 6/16/33 19

and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Hypostatic)

(duration) 3 days yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

3 years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Chas. B Saunders M. D.

6/17/1933 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

Date of Burial: 6/20 1933

UNDERTAKER: Samuel T Hemsley

ADDRESS: 578 W Middle St

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 91385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91385

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Glenmore St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 70 yrs. ... mos. ... ds.

2. FULL NAME Christian F. Dederer

(a) Residence: No. 3015 Glenmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Margaret Dederer

6. DATE OF BIRTH (month, day, year) Aug 20-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Margaret Dederer
(Address) 3015 Glenmore Av

18. BURIAL, CREMATION, OR REMOVAL
St Pauls (Catholic) 6/21 (Date) ..., 1933

19. UNDERTAKER Leonard J. Bruch
(Address) 3305 Harford Av

20. FILED ... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17 1933 to June 18 1933

I last saw him alive on June 17 1933 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	a number of years
Other contributory causes of importance: Acute Cardiac Dilatation (Arteriosclerosis) many years	June 18/33

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Morris B. Green M. D.

(Address) Medical Examiner Hamilton Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 91386 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91386

CERTIFICATE OF DEATH

183V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 E Broadway St., 7-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Metella

(a) Residence: No. 701 S Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anthony Klarick
(Address) 701 S Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date June 20. 1933

19. UNDERTAKER Henry Sandler & Sons, Inc.
(Address) Baltimore St. & Broadway

20. FILED JUN 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h— alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	
Probable Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury June 18, 1933
Where did injury occur? Foot Broadway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Drowned
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 1305 Fallsway

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91387 ✓ DR 91387

91387 X

CERTIFICATE OF DEATH

X 145-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. McClunch Home and Infirmary Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta Dresch

(a) Residence: No. 6804 Beach Avenue, Overlea, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Dresch

6. DATE OF BIRTH (month, day, year) Dec. 20, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34 yrs.	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 13, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jefferson Coburn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sophie Rouch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date June 21, 1933

19. UNDERTAKER Henry Sander & Sons, Inc. F. Sander

(Address) Baltimore, Md. Broadway

FILED ..... Registrar

UN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933. to June 18, 1933.

I last saw her alive on June 16, 1933. Death is said to have occurred on the date stated above, at 0:22 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	June 1, 33
Septicemia	June 10, 33

Other contributory causes of importance:

Myocarditis, acute, with myocardial failure	June 17, 33

Name of operation Manual Exploration of Uterus, June 11, 1933 Date of June 11, 1933

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard C. Cunningham, M. D.

(Address) McClunch Home and Infirmary

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91388

CERTIFICATE OF DEATH

131 E 91388

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 E. Preston St. St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Augusta Porsinger

(a) Residence: No. 721 E. Preston St. St., Ward.
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Porsinger

6. DATE OF BIRTH (month, day, year) Feb. 18, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Heroig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Echels

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Geo. Ruppersberger
(Address) 721 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date June 22 1933

19. UNDERTAKER HENRY SANDER & SON INCORPORATED
(Address) BROADWAY & BALTIMORE STS.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to June 18, 1933

I last saw her alive on June 18, 1933 Death is said to have occurred on the date stated above, at 4.35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Obstruction	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1268-9

E 91389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91389

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hospital St., ~~or~~ Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 63 yrs. ... mos. ... ds.

2. FULL NAME John Hoffman

(a) Residence: No. 2619 N. Calvert St. St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hoffman

6. DATE OF BIRTH (month, day, year) 3-16-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Banker

9. Industry or business in which work was done, as ~~mfr. of~~ saw mill, bank, etc. Nat Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Valentine Hoffman

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Elizabeth Hundsurger

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Elizabeth Hoffman

(Address) 2619 N. Calvert Street

~~Cremation~~ Interment Loudon Woodlawn Cemetery 19 33

Place Mount Carmel Cemetery Date June 22 1933

Henry Sander & Sons, Inc.

19. UNDERTAKER Embalmer

(Address) Baltimore St. & Broadway.

Huntington, Indiana, R.D.

Registrar.

UNZ

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-26- , 1933 to 6-19- , 1933

I last saw h/M alive on 6-19 , 1933. Death is said to have occurred on the date stated above, at 2:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	10 yrs.
Carcinoma of Prostate with metastasis	?
Pancreatic Fat Necrosis	?
Bronchial Pneumonia Terminal	

Other contributory causes of importance:

Arteriosclerosis	10 yrs.
Secondary Anemia	2 yrs.

Name of operation Cystoscopic Date of 5-27-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Nelson Young, M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

E 91390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 91390

Registered No.

1. PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No.) St. 11-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Eaton

(a) Residence: No. Beaumont Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/16/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Russ Eaton

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER

15. MAIDEN NAME Emily M. Whitmore

16. BIRTHPLACE (city or town) (State or country) Beaumont Miss.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 6/20/33

19. UNDERTAKER Russ Eaton (Caution)
(Address) Beaumont Md.

20. Reg.

Registrar

6 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-16-1933 to 6-19-1933

I last saw h alive on 6-19-1933 Death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mo)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. H. Joyce M. D.

(Address) Md. Gen. Hospital

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91391

CERTIFICATE OF DEATH

E 91391

1. PLACE OF DEATH Md. Gen. Hospital

Registered No. 11-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Deity

(a) Residence: No. Kingsville Md St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 30 1874

7. AGE: Years 59 | Months | Days 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Deity

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Gilbert

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Jane Deity

(Address) Kingsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul Date 6/23 19 33

19. UNDERTAKER: Frederick Lazenby Son

(Address) 1401 Belair Rd

Filed ... 19 ... Registrar.

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-19 1933 to 6-20 1933

I last saw [illegible] alive on 6-20 1933. Death is said to have occurred on the date stated above, at 10 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Duodenal Ulcer - Peritonitis	6/18/33

Other contributory causes of importance:

Myocarditis with decompensation.

Name of operation Laparotomy Date of 6/19/33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. L. Frazier M. D.

(Address) Md. Gen. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91392

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Elsroads

(a) Residence: No. 918 Ridgely St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of infant

6. DATE OF BIRTH (month, day, year) 6 - 19 - 33

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wilbert J. Elsroads

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lula V. Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lula Elsroads

(Address) 918 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Md Date June 9, 1933

19. UNDERTAKER .....

Address .....

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6 - 19, 1933 to 6 - 19, 1933

I last saw him alive on 6 - 19, 1933 Death is said to have occurred on the date stated above, at 1 19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (6 mos)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. F. Corney, M. D.

(Address) Vol. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

E 91393

91393 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) ? (St.) Balto. City Hospitals (Ward) 7-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Bailey

(a) Residence: No. 715 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bailey

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

FATHER
13. NAME Henry Reese
14. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date June 19 1933

19. UNDERTAKER .....
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1933 to 6-16 1933
I last saw her alive on 6-16 1933 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	6-8-33
Other contributory causes of importance; arteriosclerosis grand	?

Name of operation None Date of To

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

6-16-33 (Signed) Elmer Highbarger M. D.
(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

N 20 1933

M. D. E. 1268-0

91394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91394

82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 7 St. Balto City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Doe (?) Charles Heidemeyer

(a) Residence: No. 833 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	? 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cemetery Date Jan 19? 1933
Cremated and buried in Mt. Olivet Cem. 1/20/33

19. UNDERTAKER Mrs. C. Miller & Son 2324 Jefferson St.
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-33

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1933 to 6-16 1933

I last saw him alive on 6-16 1933 Death is said to have occurred on the date stated above, at 9:25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Subarachnid	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-17-33 (Signed) Clinical Hist. Dept. M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91395 16 2 — E 91395 — X 35

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St., 7-08 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Smith

(a) Residence: No. Chesapeake ave St., Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-15-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Roger Smith

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Priscilla Watkins

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Md Memorial Cemetery Date June 19 19 33

19. UNDERTAKER

(Address) Huntington Williams, Inc

JUN 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to June 13, 1933

I last saw her alive on June 13, 1933 Death is said to have occurred on the date stated above, at 1140 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	V-13-33
G.C. Opthalmia	C-11-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Goodwin M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91396

HEALTH DEPARTMENT—CITY OF BALTIMORE

91396

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No.) ..... St., W-41 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. / mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gilbert Harris

(a) Residence: No. 12 S. Frederick St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-5-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 05

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Augusta, Ga

FATHER

13. NAME Clint Harris

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Ida Jeans

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 19, 1933

19. UNDERTAKER —

(Address)

20. FILED JUN 20 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13 1933

22. I HEREBY CERTIFY That I attended deceased from 6-8, 1933, to 6-13, 1933

I last saw him alive on 6-13, 1933 Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Syphilis of aorta with Aneurysm	? / 1
Other contributory causes of importance: Syphilis Tertiary	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

6-14-33 (Signed) Elmer Hochberg M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91397

HEALTH DEPARTMENT—CITY OF BALTIMORE

91397

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 18-21

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Benson

(a) Residence: No. 434 N. Carrollton ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Portia Benson

6. DATE OF BIRTH (month, day, year): Oct. 3, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Columbia South Carolina

FATHER

13. NAME: George Benson

14. BIRTHPLACE (city or town) (State or country): Ridgeway South Carolina

MOTHER

15. MAIDEN NAME: Lulu Stevenson

16. BIRTHPLACE (city or town) (State or country): Chester South Carolina

17. INFORMANT: Hospital Records

(Address): B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Lebanon Cem. Md. Date: June 19, 1933

19. UNDERTAKER .....

(Address) .....

20. FILED ..... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to June 18, 1933

I last saw him alive on June 18, 1933 Death is said to have occurred on the date stated above, at 2.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	April 1933.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stacy, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91398

CERTIFICATE OF DEATH

E 91398

107-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME John Parks

(a) Residence: No. 622 E. Linwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of Mary Louise

6. DATE OF BIRTH (month, day, year) March 4, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Frank Parks

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ricards.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem Date June 21 1933

19. UNDERTAKER Martin W. E. Luppel Inc

(Address) 31 E. Lexington St. Baltimore, Md.

20. FILED June 20 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to June 18, 1933

I last saw him alive on June 18, 1933 Death is said to have occurred on the date stated above, at 1025 a.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	6/10/33
Other contributory causes of importance:	
Benign prostatic hypertrophy	1931
Arteriosclerosis, peripheral	?
Hypertension	?

Name of operation None Date of

What test confirmed diagnosis? Phys. examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Zeiders M. D.

(Address) Johns Hopkins Hospital Baltimore, Maryland

OCCUPATION is very important. See instructions on back of certificate. Give statement of

M. D. B 1268-9

E 91399

E 91399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St, Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. 70-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Henry Jackson

(a) Residence: No. 2236 Penrose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Conroy Mrs. Jackson

6. DATE OF BIRTH (month, day, year) July 24/64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mahala Walker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E. Foster Muller
(Address) 1001 E. 32nd St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 22, 1933

19. UNDERTAKER Frank V. Pipetone
(Address) 2212 E Baltimore St

20. FILED JUN 20 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-15-~~6-18~~, 19..., to 6-18-, 1933

I last saw him alive on 6-18, 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	

Other contributory causes of importance:

Name of operation Laparotomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert H. Ross M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91400 × V F 91400

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 34-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Shipley

(a) Residence: No. 241 St Helena Ave St., Dundalk, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 22 - 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Millard L. Shipley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Alice L. Hickman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Millard L. Shipley
(Address) 241 St. Helena Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 21 1933

19. UNDERTAKER John F. Connelly & Sons Inc.
(Address) Washington Blvd. & Fremont Ave.

20. FILED JUN 20 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13th 1933 to June 18th 1933

I last saw her alive on June 18th 1933 Death is said to have occurred on the date stated above, at 5:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis	1-1-33

Other contributory causes of importance:

Mitral Stenosis	Unknown
Acute Myocardial failure	6 days

Name of operation Nephrolithotomy Date of 6-16-33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Harry J. Corley M. D.

(Address) University Hospital

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91401

CERTIFICATE OF DEATH.

161-E 91401

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1303 N Gilmor ST. (Ward) 15-01

2-FULL NAME Child of Marshall & Hannah Blackwell

(a) RESIDENCE NO. 1303 N Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): June 16, 1933

7 AGE — Years: — Months: — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inf

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF Marshall Blackwell

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF Hannah Jones

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Marshall Blackwell (Address) 1303 N Gilmor

15 Filed ..... 19 ..... Registrar .....

201939

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19, 1933

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to June 19, 1933, that I last saw h[illegible] alive on June 19, 1933, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What tests confirmed diagnosis? —

(Signed) W. H. Powell M.D.

19 23 (Address) 201 E Lanvale St City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Century Cemetery — DATE OF BURIAL: Jun 20 1933

20 UNDERTAKER: Robt T. Williams — ADDRESS: 1615 McElderry St

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91402 × 13 E 91402

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Parsley Ave, St., 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Doutell

(a) Residence: No. 502 Parsley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Doutell

6. DATE OF BIRTH (month, day, year) June 28 1856

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John E. Doutell

(Address) 559 S. Longwood St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date June 21 1933

19. UNDERTAKER Easton Sons & City

(Address) Ellicott City Huntington Williams N.E.

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11 1933 to June 18 1933

I last saw him alive on June 18 1933 Death is said to have occurred on the date stated above, at 2.02 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Myocardial degeneration	
Adrenal Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. V. A. Home, M. D.

(Address) Sol - agnes Hos

Spec.—3-12-23—M&T—500 Blks.

E 91403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91403

V 23

CERTIFICATE OF DEATH.

REGISTERED NO. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2935 Walbrook Ave. ST. (Ward) 15-01

2-FULL NAME Irving G. R. Lathroum

(a) RESIDENCE NO. 2935 Walbrook Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mildred I. Lehmen

6 DATE OF BIRTH (month, day, and year) May 31, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: War Dept.- 3rd Corps Area

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Leo J. Lathroum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary O. Higgs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs. Mildred Lathroum 2935 Walbrook ave.

15 Filed ..... 19 ..... Registrar: Huntington Williams, M.D.

201933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1933

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to June 19, 1933, that I last saw h[illegible] alive on June 19, 1933, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray & Sputum

(Signed) Chas. O'Donovan, M. D.

, 19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 6/22/1933

20 UNDERTAKER: E. J. Fanning & Son

ADDRESS: 1938 E. Lafayette

THIS is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91404

CERTIFICATE OF DEATH

E 91404

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Webster St., 24 Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Miceli

(a) Residence: No. 1504 Webster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvador Miceli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Annatta Podezza

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Pettromilero

(Address) 1504 Webster St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jun 21, 1933

19. UNDERTAKER Chas. L. Sterrett

(Address) 1501 E Fort Ave

Registrar.

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to June 19, 1933

I last saw h alive on June 19, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
& Aortic & Mitral Valvular Disease	
Acute Cardiac Decompensation	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. H. Barranco, M. D.

(Address) 436 E Fort ave

M. D. B. 1268-9

E 91405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91405

CERTIFICATE OF DEATH

V 47 E 91405

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-21 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Talbott E. Hudgins

(a) Residence: No. 2705 Gibbons Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary E Hudgins

6. DATE OF BIRTH (month, day, year) 1-31-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7 4	11 19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va

FATHER
13. NAME Thomas
14. BIRTHPLACE (city or town) (State or country) Matthews Co, Va

MOTHER
15. MAIDEN NAME Mary Bloxton
16. BIRTHPLACE (city or town) (State or country) Matthews Co. Va

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/22/33, 1933

19. UNDERTAKER Milton Schilling & Co
(Address) 1122 E. Monument St.

201933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-33

22. I HEREBY CERTIFY, That I attended deceased from 5-23-33 to 6-20-33
I last saw him alive on 6-20-33. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	3-1-33
Other contributary causes of importance: Bronchopneumonia	6-17-33

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-20-33 (Signed) Elmer Higbee M. D.
(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91406 E 91406

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Novak

(a) Residence: No. 209 S Robinson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Casimir Novak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ida Cassak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ida Novak
(Address) 209 S Robinson

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date June 2 1933

19. UNDERTAKER Wm S Zaltowski
(Address) 2022 Eastern Ave

201933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Neuberg M. D.
Coroner

(Address) 1305 Eutaw Pl

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-03 X V E 91407

E 91407

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Berger

(a) Residence: No. Greenhaven St., ... Ward Pasadena Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	white	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Mathias Berger

6. DATE OF BIRTH (month, day, year) May 11th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Florian Lunaman

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Lunaman

16. BIRTHPLACE (city or town) (State or country) Austria Austria

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 22nd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JUN 21 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-2-1933 to 6-19-1933

I last saw h[illegible] alive on 6-19-1933 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Arteriosclerotic Heart disease	3 yrs. ?
Hypertension	
Other contributory causes of importance:	
Pulmonary infarction	20 days
Bronchopneumonia	12 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B.

E 91408 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91408

V 121

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Minnie E. Lambden

(a) Residence: No. 3801 Liberty Hgts. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug 7 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 064

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): St. Michels Md.

FATHER

13. NAME: George Lambden

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Sarah Hershberger

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Joseph Lambden
(Address) 3100 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place St Michaels Md Date June 21st 1933

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-4- , 1933, to 6-20 , 1933

I last saw her alive on 6-20 , 1933 death is said to have occurred on the date stated above, at 8:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	1925
Chronic Appendicitis	
Intra-abdominal Adhesions	

Other contributory causes of importance:

Chronic Myocarditis	1923
Chronic Endocarditis	
Myocardial Failure	

Name of operation: Cholecystectomy Date of: 6-6-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Md Gen Hospital

OBSERVE CAREFULLY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

E 91409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91409

181

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Hosp St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr Ephime V. Anderson

(a) Residence: No. 617 W. Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School, 6th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Lonnie Anderson

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Dessie Stine

16. BIRTHPLACE (city or town) (State or country) Woodsboro Md

17. INFORMANT Corrina Stine

(Address) 617 W Fulton

18. BURIAL, CREMATION OR REMOVAL Not at this Cemetery Woodsboro Md

Place Date June 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 207 St Paul St

FILED JUN 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 to 33

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Burned

(a)

Burns

Gas lighting

Gas blown out clothes caught fire

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 19

Where did injury occur? 617 W. Fulton

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Gluck M. D.

Coroner

(Address) Boonsboro

M. D. B. 1268-9

E 91410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 91410

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1615 Holbrook St., 9-01 Ward)
Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma A. Lewis

(a) Residence: No. 1615 Holbrook St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of Saml E. Lewis

6. DATE OF BIRTH (month, day, year) Aug 5th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER
13. NAME Fenwick Yankus
14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER
15. MAIDEN NAME Martha Clemens
16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT E. Gertrude Lewis
(Address) 1615 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 22nd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED ... 19 ... Registrar.

JUN 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1933 to June 20 1933
I last saw her alive on June 19 1933 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Myocarditis & arteriosclerosis
Oedema Limbs

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. O. Carman M. D.
(Address) 1701 N Caroline St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-9

E 91411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91411

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Un. Memorial Hosp.) St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth R. Hess

(a) Residence: No. 2052 Harford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓ Clay R. Hess

6. DATE OF BIRTH (month, day, year) 3-7-77

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	13 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Balto

10. Date deceased last worked at this occupation (month and year) ✓ Feb 1933

11. Total time (years) spent in this occupation ✓ 3 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Christian Ruppert

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Barbara Tischer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs R. W. Hagen (Address) 2151 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date June 23rd 1933

19. UNDERTAKER Wm Cook (Address) 1217 St Paul st.

20. FILED JUN 21 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 20, 1933

I last saw h.s.r. alive on June 20, 1933 Death is said to have occurred on the date stated above, at 11.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	6-15-33
thrombosis	
Other contributory causes of importance: arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Garner M. D.

(Address) Un. Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

1-30—M. & T.—100 B—50L

91412

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 E 91412

CERTIFICATE OF DEATH

5-01

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 5 WARD)

2-FULL NAME Gussippi Re

(a) RESIDENCE NO 803 Ensor Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 30 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophie Serio Re

6 DATE OF BIRTH (month, day, and year) June 12, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or [illegible]
	55	0	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Marian Re

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Sophie Re

(Address) 803 Ensor Street

Filed JUN 21 1933 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5.30 A.M. June 20, 33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & History

(Signed) John Caine, M. D. Coroner

6/20/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL June 22, 1933

20 UNDERTAKER George J. Martin Inc

ADDRESS 1132 Hanford

TION is very important. See instructions on back of certificate.

E 91413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S. Calhoun St. St. 19-21 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C. Uhlenberg

(a) Residence: No. 335 S. Calhoun St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Clara Uhlenberg

6. DATE OF BIRTH (month, day, year) Dec. 27, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Uhlenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Kuhl
(Address) 335 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 21, 19 33

19. UNDERTAKER Henry H. Kieffer & Co.
(Address) 1101 Eutaw Pl.

Filed JUN 21 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-16-1933 to 6-18-1933

I last saw him alive on 6-18-1933. Death is said to have occurred on the date stated above, at 1030 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Walter A. Lee, M. D.

(Address) 537 Westwood Terrace

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91414

E 91414 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Christian St. St. 20-01 Ward)

Length of residence in city or town where death occurred 35 yrs. --mos.-- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augustus C. Gover.

(a) Residence: No. 2022 Christian St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (WIFE of) Elizabeth Gover.

6. DATE OF BIRTH (month, day, year) October 11, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Augustus Gover.

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Sarah Harvey.

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Elizabeth Gover. (wife)
(Address) 1922 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date June 21, 1933

19. UNDERTAKER Harry H. Sulte
(Address) 1016 E. Lexington Ave.

20. FILED June 21 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation No. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ...

(Signed) Otto M. Reinhardt Coroner, M. D.

6/19/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

91415 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91415

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5268 Cordelia St., 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert L. Bayne

(a) Residence: No. 5268 Cordelia Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Railway

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo. L. Bayne

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Eleanor R Nolte

(Address) 5268 Cordelia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Gardens Date Jun 21, 1933

19. UNDERTAKER L. Frank Lemmon

(Address) 701 Lafayette Ave

20. FILED JUN 21 1933

Huntington Wilhelm, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1933 to June 19, 1933

I last saw him alive on June 17, 1933 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1927

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert L. Bayne M. D.

(Address) 1716 E. Preston St.

Instructions on back of certificate. Accuracy in every important.

91416 ✓ E 91416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2308 Whitter Ave St. 13-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 17 yrs. ... mos. ... da.

2. FULL NAME Alexander Berman

(a) Residence: No. 2308 Whitter Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-45
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 6/21/33 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1434 E. Baltimore St

JUN 21 1933 Huntington Pottsville

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-33. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1932 to June 20th 1933
I last saw h... alive on June 20th 1933 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Metastasis in Intestines	
Other contributory causes of importance:	
Cardiac failure	
anemia	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. J. Jordan M. D.
(Address) 119 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

91417 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E91417

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Springdale St. 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME Louis Frazer

(a) Residence: No. 3602 Springdale ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nara

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) R

FATHER

13. NAME Isaac Frazer

14. BIRTHPLACE (city or town) (State or country) R

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Myer Frazer - Son

(Address) 3602 Springdale

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 6-21-33, 19

19. UNDERTAKER Joseph Levy Inc

(Address) 1431 E. Baltimore St

20. FILED 6-21-1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1927, 19 to June 20, 1933

I last saw him alive on June 20, 1933 Death is said to have occurred on the date stated above, at 7 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with hypertension	1929
Chronic myocarditis + mitral insufficiency	1930
Other contributory causes of importance: Chronic pul. tbc	

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jack Cohen, M. D.

(Address) 223 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Mollie A. Derr

HEALTH DEPARTMENT—CITY OF BALTIMORE

91418

CERTIFICATE OF DEATH

93-003

E 91418

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. Bentalou St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie A Derr

(a) Residence: No. 609 N. Bentalou St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Wht

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank P. Derr

6. DATE OF BIRTH (month, day, year): Apr 2 1854

7. AGE: Years 88 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country): Carroll Co Md

FATHER

13. NAME: John H Dorsey

14. BIRTHPLACE (city or town) (State or country): Carroll Co

MOTHER

15. MAIDEN NAME: Mary Cook

16. BIRTHPLACE (city or town) (State or country): Carroll Co

17. INFORMANT: Mary Easley

(Address): 2116 Hannah St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: June 22 1933

19. UNDERTAKER: Edwin F. Kilpatrick

(Address): 1300 Eutaw Place

Huntingtown Williams Md

Interment

JUN 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on June 19 33 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1 year

Date of onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin H. Beuchs M. D.

Coroner

(Address)

M. D. B. 1263-B

91419

HEALTH DEPARTMENT—CITY OF BALTIMORE

91419

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH President Hospital

CITY OF BALTIMORE: (No. ..... St., 17-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Dyer

(a) Residence: No. 684 W. Mulberry St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelia

6. DATE OF BIRTH (month, day, year) ? 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Geo. Dyer

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT Emelia Dyer

(Address) 639 W. Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 6/21/33

19. UNDERTAKER Mrs. George H. Collard

(Address) 1611 Druid Hill Ave

JUN 21 1933 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933 to June 17, 1933

I last saw him alive on June 7, 1933. Death is said to have occurred on the date stated above, at 4 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	2 mo.

Other contributory causes of importance:

Name of operation Jejunostomy Date of 5/29/33

What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Bradham Hygino M. D.

(Address) President Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91420

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 11-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarance Jones.

(a) Residence: No. 1114 Port ave St., Bal Co Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Jones.

6. DATE OF BIRTH (month, day, year) 10-16-1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alice

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Date 6/22/33

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1225 Druid Hill Ave

JUN 21 1933 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-33

22. I HEREBY CERTIFY, That I attended deceased from 5-31-33 to 6-20-33

I last saw him alive on 6-20-33 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	1932
Cystitis	
Regional Metastases	

Other contributory causes of importance:

Uremia	6/20/33

Name of operation None Date of —

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm Bowie Schaefer M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91421

HEALTH DEPARTMENT—CITY OF BALTIMORE

MVE 91421

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert T Brown

(a) Residence: No. 1809 Etting St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 18, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Robert T Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dorothy Carter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Dorothy Brown

(Address) 1809 Etting St

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 6. 22, 33 19

19. UNDERTAKER Mrs. George E. Hall

(Address) 1609 Pennsylvania Ave

FILED JUN 21 1933 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 to , 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/19, 1933

Where did injury occur? Madison Ave nr Lanvale St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury playing in the street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Brown Coroner, M. D.

(Address) 1209 E Madison St

Spec.—2-29-28—L. F. S.—500 Bks.

91422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91422

92-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 W Henrietta ST., 23-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta Jones

(a) RESIDENCE NO. 147 W Henrietta ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Newsome

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Dennis Cornish
(Address) 923 Rutland Ave.

15 Filed JAN 21 1933 Huntington Wetherald, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 17, 1933, that I last saw her alive on Jan 17, 1933, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Renal Exhaustion

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) As Above

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) C. A. Flowers, M. D.

Jan 19, 1933 (Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Isaac E Person Co	6/2/1933
20 UNDERTAKER	ADDRESS
Mt Auburn St	1420 Montgomery

M. D. R. Use No. E 91423

E 91423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 S. Bond St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Grape

(a) Residence: No. 717 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Grape

6. DATE OF BIRTH (month, day, year) August 26 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME William Weathers

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Annie Myers

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Annie Myers

(Address) 713 S. Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date June 19...

19. UNDERTAKER Wendel & Hilgert

(Address) Eden & Hamilton Sts.

19... Registrar.

JUN 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to June 18, 1933

last saw h[illegible] alive on June 18, 1933. Death is said to have occurred on the date stated above, at 3:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	3 Days
Arterio Sclerosis	4 Yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Johnston M. D.

(Address) 17 So Broadway M. D.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91424 HEALTH DEPARTMENT—CITY OF BALTIMORE

23E 91424

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. Q-04

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine E. Marshall

(a) Residence: No. 1107 Darley ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Marshall

6. DATE OF BIRTH (month, day, year) Sept. 3, 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Gorman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rose Leitner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Cemetery. Date June 22nd. 1933.

19. UNDERTAKER Charles L. Schwab
(Address) 505 N. Monroe St.

Thomas E. Williams, M.D. Registrar.

20. FILED JUN 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to June 16, 1933.

I last saw her alive on June 16, 1933. Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1933.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A Stacey, M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1274 E 91425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91425

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dickeyman St., 14-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vera Simmons

(a) Residence: No. 1625 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT M. Simmons
(Address) 1625 Brunt St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 21 19 33

19. UNDERTAKER [illegible]
(Address) Huntington Mortuary

20. FILED ..... Registrar.

JAN 21 1933

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-10 1933 to 6-15 1933

I last saw her alive on 6-15 1933 Death is said to have occurred on the date stated above, at 2.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) B Harris M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 91426

E 91426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Pennsylvania Ave. St. 24-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Johnson

(a) Residence: No. Huntsville Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	11 23		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Johnson

(Address) Huntsville Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date June 21 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] Huntington Williams [illegible]

N 21 1933 THE COMMIS[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-19 1933 to 6-15 1933

I last saw him alive on 6-15 1933. Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. Stanley ... M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

Name, residence, and occupation of DECEASED in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT--CITY OF BALTIMORE

B 91427

CERTIFICATE OF DEATH

82 E 91427

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Hall

(a) Residence: No. 610 Sterling St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

FATHER

13. NAME Abe Whey

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Bessie Lewis

(Address) 1100 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 6/21 1933

19. UNDERTAKER Samuel T. Hanley

(Address) 22 W. Biddle St.

20. FILED 6/21 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hyoertension etc.	

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. S. T. Ogle Coroner, M. D.

(Address) 506 E. Monument

M. D. B. 1268-0

(Emerson)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91428

CERTIFICATE OF DEATH

53E 91428

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 Lambeth Road St., Ward 24th

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace Gorge Emerson

(a) Residence: No. 210 Lambeth Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If ~~married, widowed, or divorced~~
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27th 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. going to School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Paul Minn

FATHER

13. NAME George A Emerson

14. BIRTHPLACE (city or town) (State or country) St Paul Minn

MOTHER

15. MAIDEN NAME Florence E Barth

16. BIRTHPLACE (city or town) (State or country) St Paul Minn

17. INFORMANT Mrs F E Barth

(Address) 210 Lambeth Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Date June 22 1933

19. UNDERTAKER Percy H Jenkins & Co

(Address) Eutaw & Monument Sts

2 Huntington Ave Registrar.

21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to June 21st 1933

I last saw h[illegible] alive on June 21st 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of Lung — Date of onset Jan 1st 33

Other contributory causes of importance:

Generalized metastasis (sarcoma)

Name of operation Biopsy of Lung upper R. lobectomy Date of Feb 1933

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. A. Chatard, M. D.

(Address) 1303 N Calvert St

M. D. B. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91429

CERTIFICATE OF DEATH.

B 91429

V 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Kessler

(a) Residence: No. 148 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-19-72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 070

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John R. Kessler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida M. Wood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date June 21, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

Huntington Williams, Inc.
Registrar.

JUN 21 1933

8572

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19 1933

22. I HEREBY CERTIFY, That I attended deceased from IV-10 1930 to 6-19 1933

I last saw her alive on 6-19 1933. Death is said to have occurred on the date stated above, at 6:17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	4 Yrs

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

6-19-33 (Signed) Elmer Brittingham M.D. City Hospitals

(Address) Balto.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91430

CERTIFICATE OF DEATH

186-001 E 91430

Registered No. 21101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Doerer.

(a) Residence: No. 504 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 14, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davison Chemical Co.

10. Date deceased last worked at this occupation (month and year) June 17, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George M. Doerer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Christina F. Koehnlein.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Christina F. Doerer. (mother)
(Address) 504 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date June 22, 1933

19. UNDERTAKER C. Schlosman & Son
(Address) 1129 Hanover St.

20. Filed June 21 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 9.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the 5th cervical Vertebrae. Dove into shallow water while swimming.	6/18/33

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/18/33, 19...
Where did injury occur? Marley Creek. G. I. Co. Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Laurel Pleasure shore.
Manner of injury Dove into shallow water.
Nature of injury Fracture of 5th Cerv. Vertebr

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] Coroner, M. D.

6/21/33 (Address) 1017 E. Charles St.

M. D. B. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91431

CERTIFICATE OF DEATH

B 91431

Registered No. 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 5201 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence E. Riley

(a) Residence: No. 1414½ E. Fayette St., 6X Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/27/1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Riley

14. BIRTHPLACE (city or town) (State or country) a. a. co. Md

MOTHER

15. MAIDEN NAME Emma Bell

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ada Riley Scott (Sister)
(Address) 907 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date June 22nd 1933

19. UNDERTAKER D. Thos. McDermond
(Address) 1205 Eutaw St. Baltimore Md.

20. FILED
JUN 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/13 1933 to 6/19 1933

I last saw h alive on 6/19 1933 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Epithelioma of penis
Mets to Inguinal Glands

Date of onset 6 mo

Other contributory causes of importance:

Bronchio pneumonia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. Power Lefebvre M.D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91432

Registered No. 1311 E 91432

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp (Ward)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Marie Graf

(a) Residence: No. 2418 Montebello Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of / WIFE of —

6. DATE OF BIRTH (month, day, year) August 8, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Graf

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lena Keller

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother Mrs. J. H. Graf

(Address) 2418 Montebello Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lot United Evang Cemetery Date Sept 22 1933

19. UNDERTAKER Albert J. Dilks

(Address) 1000 N Charles Street

20. FILED Huntington Williams M.D.

SEP 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1933 to 6-19 1933 Death is said I last saw h[illegible] alive on 6-19-1933 to have occurred on the date stated above, at 3.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	3 Mos.
Arteriolo. Sclerosis	2.
Nephritis	
Chronic Nephritis	2
Other contributory causes of importance:	
Hypertension	1 Wk.
Anemia	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Steuart Jr. M. D.

(Address) Union Mem. Hosp

OCCUPATION is very important. Be sure that it has been properly classified. Exact statement of instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 91433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91433

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Mc Henry St. 19-01 WARD)

2-FULL NAME Margaret A. Biles

(a) RESIDENCE NO. 1825 Mc Henry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND of or) WIFE of H m Biles

6 DATE OF BIRTH (month, day, and year) June 10 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER John Switzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant John H. Biles

(Address) 1825 Mc Henry St Balto.

15 Filed JUN 21 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/33.

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to June 19, 1933.

that I last saw her alive on June 18, 1933

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

à pulmonary edema.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hemo cardio vascular disease (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Andres E. Calas, M. D.

, 19 (Address) 24 N. Fallow Av.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury M E Cem DATE OF BURIAL June 22 1933

20 UNDERTAKER J F Elmer & Sons ADDRESS Reisterstown Md

THIS IS very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91434 E 91434

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 122 N. W. Dist St., 18 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vashti Clemons
(a) Residence: No. 802 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fml	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 19-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Albert Clemons.
14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER
15. MAIDEN NAME Lottie Chaney
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lottie Clemons
(Address) 802 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/23, 1933

19. UNDERTAKER Emmett W. Chase & Son
(Address) 628 W. Fayette

20. FILED 6/23/1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st at 12 M. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	4 Days

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Funk, M. D. Coroner
(Address) 6 E. Franklin

OCCUPATIONS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 155 E 91435

E 91435

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto mbn 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie Bailey

(a) Residence: No. 245 W. Preston St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years 62 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) Balto City Hospt.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/22 1933

19. UNDERTAKER Saml. W. Chase & Son
(Address) 638 N. Gilmor

20. FILED 6/22 1933 Wilmer Williams N.T.K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-10- 1933 to 6 19 1933

I last saw h alive on 6 19 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Senile Psychosis	
& Paget's Disease	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. G. Smith M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Hess

91436 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91436

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5305 Wendley Rd. St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME Louisa E. Hess

(a) Residence: No. 5305 Wendley Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of Martin A. Hess
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 27, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Charles L. Bosch

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Sauerwald

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Martin A. Hess
(Address) 5305 Wendley Road.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6/22/33, 19...

19. UNDERTAKER Harry F. Weber
(Address) 4107 Edmondson Ave.

20. FILED JUN 22 1933 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 - 1933 to June 19, 1933
I last saw h.. alive on June 19, 1933 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?
Diabetic Gangrene	5/7/33

Other contributory causes of importance:

Name of operation Amputation Left leg Date of 5/19/33

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

6/21/33 (Signed) L. Wells Hemming M. D.
(Address) 2000 Hollins

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91437

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 91437

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin B. Guthrie

(a) Residence: No. Monkton, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Sales Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Implements

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

FATHER

13. NAME Alexander Guthrie

14. BIRTHPLACE (city or town) (State or country) Newark, Del.

MOTHER

15. MAIDEN NAME Elizabeth Engle

16. BIRTHPLACE (city or town) (State or country) Newark, Del.

17. INFORMANT John Guthrie
(Address) Monkton, Md.

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place Glyndon, Md. Date June 23. 1933

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Parkton, Md.

FILED ... 19... Registrar.

UN 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21/1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture Rt Tibia & Fibula	
" " Lt Femur	
" " Lt Tibia	
Lacerations Face Head & Hand	

Other contributory causes of importance:
Shock- Struck by Penna Express at Monkton, Md., while driving his Ford Roadster @ 2.32 P.M.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/21/33

Where did injury occur? as stated
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place as stated

Manner of injury Referred to Emory Benson, M.D., Jr. for investigation

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Bates M. D.
Coroner

(Address) 505 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 91438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91438

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Woodbourne St. 6th-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E Murray

(a) Residence: No. 507 Woodbourne ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 600

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Va

FATHER

13. NAME William Murray

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Lydia A Holt

16. BIRTHPLACE (city or town) (State or country) Holt Co Va

17. INFORMANT Miss Adelaide Murray

(Address) 507 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL (Place) Washington D.C. Date June 22 1933

19. UNDERTAKER Joseph B Cook

(Address) 1003 N. Gilmor St

JUN 22 1933 Huntington Williams, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to June 21, 1933

I last saw her alive on June 21, 1933 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon.	
Secondary	2 yr.
Other contributory causes of importance:	
Gen. Carcinoma	6 mo

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H.C. Hoes, M. D.

(Address) 5600 York Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

91439 HEALTH DEPARTMENT—CITY OF BALTIMORE 91439

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 W 38th St. St. 13-01 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Taylor

(a) Residence: No. 920 W 38th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Taylor

6. DATE OF BIRTH (month, day, year) Feb 23, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
75	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Earl Taylor

(Address) 920 W 38th St

18. BURIAL, CREMATION, OR REMOVAL Woodburg Balto Co. Date June 23 1933

19. UNDERTAKER Chenoweth & Son

(Address) 3615-17 Edmondson Ave

20. FILED JUN 22 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to June 21, 1933

I last saw h[illegible] alive on June 21, 1933 Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx

Date of onset [illegible]

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. McCann M. D.

(Address) 815 W 36th St.

THIS CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91440

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 Newington Avenue St., 13-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane E. Felton

(a) Residence: No. 739 Newington Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Rev. Ephraim Felton

6. DATE OF BIRTH (month, day, year) ... 56

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Miss Krise

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Miss Olivia Hampson

(Address) 735 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Gettsburg, Pa. Aug 11 '33

19. UNDERTAKER Joseph B Cook

(Address) 1007 W. Baltimore St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932 to June 20, 1933

I last saw her alive on June 20, 1933 Death is said to have occurred on the date stated above, at 3.15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease	2 yrs
Coronary Thrombosis	1 hr

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas. S. Hart M. D.

(Address) 408 S. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91441

CERTIFICATE OF DEATH

X 42-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 E. Lakewood Pl St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Kaszak.

(a) Residence: No. Ocean City Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Jacob Kaszak

6. DATE OF BIRTH (month, day, year) Unk

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60.	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Mr. Urbansky

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Jacob Kaszak.
(Address) Ocean City Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date June 23 19..

19. UNDERTAKER Twaddell's
(Address) 4930 Eastern Ave

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 20, 1933

I last saw her alive on June 19, 1933 Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism	1900
Other contributory causes of importance: Chronic Endocarditis	5/1/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm Tilney M. D.

(Address) 345 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

BURIAL CERTIFICATE. Be sure to print items so that if may be properly examined. Last statement of

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91442

CERTIFICATE OF DEATH

161-61 E 91442

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baby Boy Cayer St. 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME St. Josephs Hospital

(a) Residence: No. 215 N. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

3a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Cayer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Cecil —

16. BIRTHPLACE (city or town) (State or country) Eylerton Md.

17. INFORMANT (Address) Records St. Josephs Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Med College Date June 21, 1933

19. UNDERTAKER

(Address) [illegible]

Registrar.

JUN 22 1933 0573

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to June 21, 1933

I last saw h[illegible] alive on June 21, 1933 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

Pneumonia of newborn.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

91443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91443

CERTIFICATE OF DEATH

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Somerset St., 5-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Brooks

(a) Residence: No. 531 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	43	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alexandria Brooks

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Matilda Jefferson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ferdinand Puskett

(Address) 602 No Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 6/23 19 33

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St

Filed ... 19 ... Registrar.

JUN 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

I HEREBY CERTIFY, That I attended deceased from June 14, 1933 to June 21, 1933

I last saw h... alive on June 20 1933 death is said to have occurred on the date stated above, at 3 20A m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset Gibout June 10 33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) ... M. D.

(Address) 507 Cresgunter St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 91444 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91444

CERTIFICATE OF DEATH

122-011

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) S T. Joseph Hospital St., 10-01 (Ward)

Length of residence in city or town where death occurred 70 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. McKenna

(a) Residence: No. 1219 Holbrook St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lottie McKenna

6. DATE OF BIRTH (month, day, year): May 1/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: James McKenna

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. Lottie McKenna 1219 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL. Place: Baltimore County Date: June 25 1933

19. UNDERTAKER (Address): Henry Koch Sons Inc 1301 E. Lagon St

JUN 22 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Cardiac Failure	

Other contributory causes of importance:

Intestinal Obstruction due to adhesions of old Inguinal Hernia

Name of operation: Release of Gut Date of: 6/21/3

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. O'Brien M. D.
Coroner

(Address) 1006 Fawn

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 91445

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Rutland Ave St. 8-01 Ward)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret C. Key

(a) Residence: No. 1612 Rutland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of John N. Key

6. DATE OF BIRTH (month, day, year) Feb. 14 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George Tacker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Frank E. Allard

(Address) 1612 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date June 25 1933

19. UNDERTAKER Harry Hold & Sons Inc

(Address) 1301 E Eager St

20. FILED ... 19...

JUN 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to June 20 1933

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1932
Uremia	
Endocarditis	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John C. Carey M. D.

(Address) 1603 E Baltimore St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91446

CERTIFICATE OF DEATH

E 91446

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 S. Sharp St. St. 22-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ---mos.--- da. How long in U. S. If of foreign birth 40 yrs ---mos.--- da.

2. FULL NAME Isaac Richmond. (Richman)

(a) Residence: No. 531 S. Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, WIFE of XXXXXXXXXX HUSBAND of XXXXXXXX Mary Richmond.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary Richmond. (wife)
(Address) 531 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Washington Cem. Date 6/22/33

19. UNDERTAKER Clark Sons & Co
(Address) 1430 E Baltimore St.

20. FILED JUN 22 1933 Hattie Lee Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ---. 19 --- to ---. 19 ---

I last saw h--- alive on ---. 19 --- Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

Senile Gangrene, Amputation of left leg.
Carcinoma of stump of left leg.

Date of onset

Other contributory causes of importance:

Name of operation Amputation of left leg. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ---. 19 ---

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos Kinkaid Coroner M. D.

6/21/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91447

93-004

91447

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rae Lombard

(a) Residence: No. 2839 Wate Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ben

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Pasner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Shiv Cemetery Date 6/22/33 19

19. UNDERTAKER Jack Levin Inc
(Address) 1432 E Balto St

20. 19 Huntington Williams, M.D. Registrar

N 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933 to June 22, 1933

I last saw her alive on June 22, 1933 Death is said to have occurred on the date stated above, at 8:07 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Rheum. C. V. dis.	1930
Myocardial Insufficiency.	June 22, 33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel E Bogorad M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91448

E 91448

CERTIFICATE OF DEATH

122-002
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1124 Wilmer St. 17-01 Ward)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas Augustus Britton

(a) Residence: No. 1124 Wilmer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years 55 | Months | Days | If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Co Va

FATHER

13. NAME Jacob H Britton

14. BIRTHPLACE (city or town) (State or country) Stafford Co Va

MOTHER

15. MAIDEN NAME Martha Lipscomb

16. BIRTHPLACE (city or town) (State or country) Stafford Co Va

17. INFORMANT Geo W. Britton
(Address) 1124 Wilmer

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 6/27 1933

19. UNDERTAKER Samuel J Kennedy
(Address) 4824 Beadle

20. FILED JUN 22 1933 Victor Williams N.T.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
5 Days	
Fecal.	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.

(Address)

Spec.—1-10-21—MAT—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91449

91449

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 608 N Biddle ST. 17-01 WARD)

2-FULL NAME Josephine Starks

(a) RESIDENCE NO. 608 N Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE: Years 77; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: unkown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unkown

12 MAIDEN NAME OF MOTHER: Mary M. Bowie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Victoria Boden

(Address) 608 W. Biddle St.

Received JUN 22 1933 H. Hunter Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1933

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 20, 1933, that I last saw her alive on June 19, 1933, and that death occurred, on the date stated above, at 3-15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatism

Nephritis

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio-Sclerosis

(duration) 3 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) J. Bernard J. Steiner M. D.

6/20, 1933 (Address) 2379 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: June 23 1933

20 UNDERTAKER: Samuel Feldman

ADDRESS 678 W Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

V F 91450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91450 Col. 24

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 17-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Carroll (Audrey Bonner)

(a) Residence: No. 904 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 21-1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	- 3	- 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie Carroll

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 23 1933

19. UNDERTAKER E Roy Oliver

(Address) 1000 Brantley Ave

UN 22 1933 19 Registrar

Hartsville, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-8-1933 to 6-20-1933

I last saw her alive on 6-20-1933. Death is said to have occurred on the date stated above, at 8:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis meningitis ?	6/7/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ann E. Kutter M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

E 91451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91451

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals 23-01 (Ward)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Johnson

(a) Residence: No. 1024 Cadenhall St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Alice Dukes

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Manning S. C. Date 6/24 1933

19. UNDERTAKER Walter R. Bright
(Address) 139 W. Hamburg St. Baltimore, Md.

20. FILED 6-27-33 Registrar.

IN 221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21 1933

22. I HEREBY CERTIFY That I attended deceased from 6-19 1933 to 6-21 1933

I last saw h.. alive on 6-21 1933 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arterio-sclerotic	6-733
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

6-27-33 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 91452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91452

82-001

CERTIFICATE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Home for Incurables 13-01 WARD)

2 FULL NAME Dora C Kinivan

(a) RESIDENCE NO. Home for Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Kinivan

6 DATE OF BIRTH (month, day, and year) Dec. 7 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	6	14	

8 OCCUPATION OF DECEASED 037

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Kuchenmeister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital Records Home + Keswick Rd

15 Filed JUN 22 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1930, to June 20, 1933

that I last saw her alive on June 20, 1933, at 10 32 a.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage with right hemiplegia - 6 years ago

CONTRIBUTORY (Secondary) Secondary Cerebral Hemorrhage (duration) — yrs. — mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm B Hays M. D.

6/21 1933 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL June 21 1933

20 UNDERTAKER Fred A Krause & Son ADDRESS 1216 N Charles St

TION is very important. See instructions on back of certificates.

M. D. 1270 E 91453

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91453

CERTIFICATE OF DEATH

X 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Harris or Ida Yingling

(a) Residence: No. Westminster Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Yingling

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Reese Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hess

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John W. Basbrer

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pipe creek, near Wonder Date June 23. 1933

19. UNDERTAKER D. Bankard & Son

(Address) Westminster Md

20. FILED JUN 22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18th. 1933. to June 21st. 1933. I last saw h.er alive on June 21st. 1933. Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia

Date of onset about 1 mon.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Smear Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Frederick Steinmeyer M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

N 22 1933

M. D. B. 1268-0

E 91454

E-91454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Thompson

(a) Residence: No. 1006 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/22/97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catharine Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date June 23 1933

19. UNDERTAKER Robert F. Willigus
(Address) 15 E Eutaw St

FILED 1933 Huntington Willigus Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933 to June 20, 1933
I last saw him alive on June 20, 1933. Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial endocarditis - staphylococcus aureus	6-1-33?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

3 THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91455

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 91455

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J Bowen

(a) Residence: No. 713 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse Lloyd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. C. Mattingley
(Address) Leonardtown

18. BURIAL, CREMATION, OR REMOVAL
Place St Andrews Date 6/22 19 33

19. UNDERTAKER W. C. Mattingley
(Address) Leonardtown Md

FILED 6 22 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Pulmonary Edema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zeller M. D.
Coroner

(Address) 2937 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 91456 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91456

CERTIFICATE OF DEATH. 13 V

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 543 N. Fanwall ST. 17-01 WARD

2-FULL NAME Annie Williams

(a) RESIDENCE NO. 543 N. Fanwall ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anthony Williams

6 DATE OF BIRTH (month, day, and year) Dec 30 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Alfred M. Clair

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Fanwall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Bessie Davis
(Address) 543 N. Fanwall St

15 Filed NOV 22 1933 16 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/33

17

I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1932 to June 19, 1933

that I last saw h[illegible] alive on June 19, 1933

and that death occurred, on the date stated above, at 5:15 P.M.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Intestinal Neoplasm (duration) yrs. 7 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H. Tompkins M. D.

19 (Address) 1012 N. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/22/1933

20 UNDERTAKER Wm. Leo. A. Cella of 1631

ADDRESS Dundalk Md

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91457 E 91457

CERTIFICATE OF DEATH.

130

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 5894 W. Cross St. 21-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Ruffin

(a) RESIDENCE NO. 0384 W. Cross St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. Life ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 1st 1882

7 AGE: Years 51 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Henry Ruffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Eggie Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Emma Ruffin 538 W Cross St

Filed JUN 22 1933, 19 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19 1933

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 19, 1933, that I last saw him alive on June 17, 1933, and that death occurred, on the date stated above, at 12:00 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Sclerosis

(duration) — yrs. 0 mos — ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine

(Signed) Raymond W. Hamm, M. D.

June 20, 1933 (Address) 2708 Hudson Ave Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cem. DATE OF BURIAL: June 22 1933

20 UNDERTAKER: Joseph A. Bird & Son ADDRESS: 419 N. Mount St

N 22 1933

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-0

91458 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91458

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 92-001 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmor St. 27-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Banks

(a) Residence: No. 819 Plum St., Ward.
(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 (y)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Cleaning etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?0

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thos Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ruth Banks
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal 0/10 Date Jun 22, 1933

19. UNDERTAKER Huntington Williams Nat
(Address)

JUN 22 1933 0575

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21/33, 19

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933 to June 21, 1933

I last saw h[illegible] alive on 6/20/33, 19. Death is said to have occurred on the date stated above, at [illegible] m

The principal cause of death and related causes of importance were as follows:

Mal Nutrition, Chron. Gastritis Mitral Regurgitation

Date of onset Unknown

Other contributory causes of importance:

Undetermined type psychosis

Name of operation Cancel Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. R. Boykin, M. D.

(Address) 1512 Gilmor St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97459 E 91459 X 46 E 91459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. 18 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Henry Bothie

(a) Residence: No. 522 N Calhoun St., ... Ward. Kentucky (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (~~wife of~~) Marjorie Bothie

6. DATE OF BIRTH (month, day, year) 6/20/77

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	56	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

FATHER

13. NAME Jacob Bothie

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Emma Jewell

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Bowling Green, Ky Date 6/22/33

19. UNDERTAKER Charles G. Cooper (Address) 514 N. Calhoun St Owensboro, Ky.

20. FILED 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to June 20, 1933

I last saw him alive on June 20, 1933 Death is said to have occurred on the date stated above, at ..p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastases to liver	1 yr.

Other contributory causes of importance:

Arteriosclerosis

Secondary anemia

Name of operation Exploratory laparotomy Date of 6/13/33

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn Wilson Zeidus, M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91460

CERTIFICATE OF DEATH

E 91460

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Dawes

(a) Residence: No. 1529 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Inez Dawes.

6. DATE OF BIRTH (month, day, year) June 10, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor / Coal Yard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & S

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Suffolk, Va

FATHER

13. NAME Jessie Dawes

14. BIRTHPLACE (city or town) (State or country) Suffolk, Va

MOTHER

15. MAIDEN NAME Barbara Johnson

16. BIRTHPLACE (city or town) (State or country) Suffolk, Va

17. INFORMANT Inez Dawes

(Address) 1529 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/24/33

19. UNDERTAKER Chas S Cooper & Co

(Address) 514 N Carrollton Ave

Registrar.

221933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ngumy, 19 . to ngumy, 19 . Death is said

I last saw h alive on ngumy, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures

Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/20, 1933

Where did injury occur? Bush & Canal Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Endeavoring to get off truck

Nature of injury I was riding on the rear end

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis Attorney, Coroner, M. D.

(Address) 2400 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91461 6 91461

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. (Ward) H-01

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Otho Middlekauff

(a) Residence: No. 724 Virginia Ave St. ... Ward. ...
(Usual place of abode) Hagerstown, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Mary Middlekauff

6. DATE OF BIRTH (month, day, year): May 14 1857

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Hagerstown Md

FATHER

13. NAME: John C. Middlekauff

14. BIRTHPLACE (city or town) (State or country): Hagerstown Md

MOTHER

15. MAIDEN NAME: Elizabeth Long

16. BIRTHPLACE (city or town) (State or country): Hagerstown Md

17. INFORMANT: Homer Middlekauff
(Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Rest Hill Cem Date: June 17 1933

19. UNDERTAKER: Robert L. Cook
(Address) 1003 W. Baltimore St

20. FILED ... 19... (City) ... Registrar

JUN 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-15-33 19... to 6-22-33 19... I last saw him alive on 6-22-33 19... Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	
Diabetes mellitus	(Chronic)
Other contributory causes of importance:	
Bronchial pneumonia	24 hr

Name of operation: Suprapubic Cystotomy Date of: 6-17

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. P. Thurow Jr. M. D.

(Address) University Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91462 E 91462

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert C. Lorenz
(a) Residence: No. 960 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12, 1922

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
	10	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Lorenz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Lynn

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Thomas Lynn
(Address) 960 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 23, 1933

19. UNDERTAKER John M. Weber
(Address) 1401 E. Chester St. Interior Williamsport, Md

20. FILED JUN 22 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 19 .. to ..., 19 ..
I last saw h alive on June, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	6/20/33

Other contributory causes of importance:

Automobile Accident	6/20/33

Name of operation none Date of

What test confirmed diagnosis: none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/20, 1933
Where did injury occur? In front of 927 N. Chester St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury struck by auto while playing in the street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Peterson M. D.
Coroner
(Address) 2221 E. Madison St.

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91463

CERTIFICATE OF DEATH

E 91463

122-007

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Kowalski

(a) Residence: No. 2677 Eastern Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1921

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
12	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Britain Conn

FATHER

13. NAME Leo Kowalski

14. BIRTHPLACE (city or town) (State or country) Plymouth Mass.

MOTHER

15. MAIDEN NAME Helen Lipinski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Helen Kowalski
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary (Mt) Date June 26 1933

19. UNDERTAKER John McAuley
(Address) 401 S. Chester St

20. FILED N 22 1933 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21 1933 to June 22 1933

I last saw her alive on June 22 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (a)	
Enterocolitis (b)	
Post operative adhesions (c)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Williams M. D.

(Address) 4 E. Lanvale St

M. D. B. 1269-0

E 91464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 13 E 91464

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 26-01 Ward)

Registered No.

(If death occucred in a hospital oc institution, give its NAME instead of street and number.)

Length of cesidence in city or town where death occucced 1 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Alacoque Crowley (Johanna Crowley)

(a) Residence: No. Hartford Conn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Maccied, Widowed, or Divorced (wcite the word)
Female	White	Single

5a. If married, widowed, oc divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28 1872

7. AGE Years	Months	Days	If LESS than 1 day, hcs. or min.
61	10	24	

OCCUPATION

8. Tcade, profession, or particular kind of work done, as spinner, sawyec, bookkeeper, etc. Religious 16b

9. Industry or business in which wock was done, as silk mill, saw mill, bank, etc.

10. Date deceased last wocked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ansonia. Conn

FATHER

13. NAME John Crowley

14. BIRTHPLACE (city oc town) (State oc country) Ireland

MOTHER

15. MAIDEN NAME Margaret Crowley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat.

18. BURIAL, CREMATION, OR REMOVAL
Place Hartford, Conn. Date June 24/33

19. UNDERTAKER Stewart & Brown Company
(Address) 108 W. North Conn.

22 1933 Hampton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932 to June 22, 1933

I last saw h alive on June 21, 1933 Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial hepatitis	
Chr. Myocarditis	
Arterio-Sclerosis	
Dropsy.	
Other contributory causes of importance:	
Psychosis with	
Cerebral arterio-Sclerosis	1930

Name of operation None Date of

What test confirmed diagnosis? Phy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injucy, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, oc in public place

Manner of injury

Natuce of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Milton P Fell, M. D.

(Address) Mt Hope Retreat

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91465 ✓45E 91465

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcella Eason

(a) Residence: No. Kirkleigh Villa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Henry Eason
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Marcella Gibbons
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Eason
(Address) 55 10 Elrode Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 24. 1933

19. UNDERTAKER Rita Weidefeld
(Address) 410 Cunningham Ave

Huntington Indiana R.F.D.

JUN 22 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 . 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17 . 1931. to June 21 . 1933

I last saw her alive on June 10 . 1933. Death is said to have occurred on the date stated above, at 10.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Periosteal fibro sarcoma of superior maxilla — (Right).	
Other contributory causes of importance:	

Name of operation Biopsy Laboratory Date of 9/8/31

What test confirmed diagnosis? ..... there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Eason Jr. M. D.

(Address) 314 Medical Arts - Baltimore Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91466

E 91466

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fell

(a) Residence: No. 1920 N Fall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)	7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Fell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Hoff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joe Kilgrew

(Address) Hanover Penna

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date June 24 1933

19. UNDERTAKER Wm E Miller

(Address) 1310 Eutaw Pl Baltimore, Md

JUN 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at 1:30 a m

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J P Sherwood M. D. Coroner

(Address) 1305 Hollins St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91467 E

CERTIFICATE OF DEATH

V 131 E 91467

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 E. 21st St., 9-01 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Beatrice Keim

(a) Residence: No. 512 E. 21st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of (or) WIFE of Benjamin Keim

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 039

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jno Breckenridge

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hissey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Katherine Smith
(Address) 2850 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date June 23rd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

[illegible] Registrar.

JUN 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 21, 1933

I last saw her alive on June 21, 1933. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis	4 W

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh Forsythe, M. D.

6, 22, 33 (Address) 4214 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91468

91468

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Maryland Gen. Hospital St. 17 Ward 21 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da.

2. FULL NAME John B Ottenberger

(a) Residence: No. 2627 Maryland Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Ellen Blottenberger

6. DATE OF BIRTH (month, day, year) July 7-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groceryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owned store

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Ben Ottenberger

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Maryland Park Date June 24 1933

Place

19. UNDERTAKER Wm Cook (Address) 217 St Paul St

Washington Williams Registrar

JUN 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-12-1933 to 6-22-1933

I last saw her alive on 6-22-1933 Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Renal Disease — Date of onset

Other contributory causes of importance: Acute Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91469 CERTIFICATE OF DEATH E 91469

1. PLACE OF DEATH Md. Gen. Hospital Registered No. 117-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Dailey

(a) Residence: No. 1715 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced — HUSBAND of (or WIFE of) Grace Dailey

6. DATE OF BIRTH (month, day, year) Sept 25 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill Board Adv

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Morton Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John J. Dailey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Duffy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Grace Dailey
(Address) 1715 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date June 24th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1933 to 6-20, 1933

I last saw him alive on 6-20-1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	1930
Chronic Adhesions	
Fibroid Colon	1933
Other contributory causes of importance: Pertonitis	6/19/33

Name of operation Resection of Colon Date of 6/5/33
Pyloric Obstruction
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) ..... M. D.
(Address) Md. Gen. Hospital

JUN 22 1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91470

CERTIFICATE OF DEATH

91470

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr Walter T McKenzie

(a) Residence: No. 516 Chestnut Hill Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara McKenzie

6. DATE OF BIRTH (month, day, year) Mar 26 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Central Bank

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 2yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel McKenzie

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Clara Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Clara M. MacKenzie

(Address) 516 Chestnut Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 24 1933

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E Baltimore St

Huntington Williams M.D. Registrar.

JUN 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1933 to 6-22 1933

I last saw him alive on 6-22 1933 Death is said to have occurred on the date stated above, at 7.30 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic prostatitis — Date of onset ?

Pericheital abscess — Date of onset ?

Other contributory causes of importance:

Toxemia — Date of onset 6-22-33

Myocardial failure — Date of onset 6-22-33

Name of operation Suprapubic cystostomy Date of 6-7-33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Chance M. D.

(Address) Md. Gen. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Steinagle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91471

CERTIFICATE OF DEATH

E 91471

Registered No. 122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 S Washington St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Finin

(a) Residence: No. 246 S Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice Finin

6. DATE OF BIRTH (month, day, year) Feby 20 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Steinagle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Hutchcroft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Amelia Kuehnle

(Address) 246 S Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date June 27 1933

19. UNDERTAKER John Uebrick & Sons

(Address) 2008 Orleans St

Huntington Williams, Inc

N 221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 1933 to June 22 1933

I last saw her alive on June 21 1933 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Umbilical Hernia	6/19/33

Other contributory causes of importance:

Cardiac Dilatation acute	7.

Name of operation refused operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. Fuller Jr M. D.

(Address) 1937 Gough St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D./B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91472

CERTIFICATE OF DEATH

44 E 91472

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Irving Place St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest J. Donohue

(a) Residence: No. 14 Irving Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	marrued

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Stella Donohue

6. DATE OF BIRTH (month, day, year) June 7/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampton, Va

FATHER

13. NAME J.R. Donohue

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anna Nickls

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Stella Donohue
(Address) 227 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date June 23 1933

19. UNDERTAKER Randall & Trumbo
(Address) 501 N Broadway

NOV 22 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Thrombosis	

Other contributory causes of importance:
(History carcinoma of larynx-extension to glands of neck-probable involvement of lung-Hopkins Record) no

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J R St Taylor Coroner M. D.

(Address) 506 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91473

HEALTH DEPARTMENT—CITY OF BALTIMORE 91473

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH Balto City Hospitals 25-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Grace King

(a) Residence: No. 3736 Brooklyn Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter King

6. DATE OF BIRTH (month, day, year) 2-24-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Ulrich

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Record Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date June 23, 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED NOV 23 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-33

22. I HEREBY CERTIFY, That I attended deceased from 4-18-33 to 6-20-33

I last saw her alive on 6-20-33 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease rheumatic	4-1-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-22-33 (Signed) Ames Highberger D. M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91474

91474

HEALTH DEPARTMENT—CITY OF BALTIMORE

100

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md Gen Hospital

CITY OF BALTIMORE: (No. — St. 12-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Rogers

(a) Residence: No. 2015 St Paul St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 24-1891.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Melville N J.

FATHER

13. NAME Geo Henry Rogers

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Elizabeth Rammel

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT — Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date June 24. 1933

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar.

C 123 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21 1933.

22. I HEREBY CERTIFY, That I attended deceased from 6/19/33 19... to 6/21/33 19...

I last saw her alive on 6/21/33 19... Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Mesenteric veins.	6/19/33
Other contributory causes of importance: Cardiac failure	6/21/33

Name of operation — Laparotomy Date of 6/20/33

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H C Proctor M. D.

(Address) Maryland Gen Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 91475

E 91475

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 16-01 Ward)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida J. Finder (Fisher)

(a) Residence: No. 1011 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Finder

6. DATE OF BIRTH (month, day, year) Sept. 6. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Caleb Stains

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida J. Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Eppa Finder Sr.
(Address) 1011 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date June 24 1933

19. UNDERTAKER (O M) Nicholson & Sons
(Address) Monk & Paines

FILED Huntington Pittsburgh MR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17 1933 to June 21 1933

I last saw h. alive on June 21 1933 Death is said to have occurred on the date stated above, at 1135 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal Disease	
Cerebral Hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:
Pulmonary Edema

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Albert Kornreich, M. D.
(Address) 20 Josephs Hosp

OCCUPATION is very important. See instructions on back of certificate.

C61 C3 NOC

M. D. B. 1268-9

E 91476 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91476

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2232 E. Lanvale St (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth E. Ford
(a) Residence: No. 2232 E. Lanvale St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Jan 21 1897
7. AGE: Years 35 | Months 5 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER
13. NAME: John Ford
14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER
15. MAIDEN NAME: Ida —
16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Mr John Ford
(Address) 2232 E. Lanvale st

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem Date June 23 1933

19. UNDERTAKER: Philip Herring for John Conway
(Address) 2016 Orleans st

JUN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1933, to June 21, 1933
I last saw h[er] alive on June 20, 1933
to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Wilson Ford M. D.
(Address) 1305 N. Milton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91477

CERTIFICATE OF DEATH

91477

92-001

Registered No. .....

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvede & Greenspring Ave) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 15 yrs. ... mos. ... ds.

2. FULL NAME Israel Rachman

(a) Residence: No. Levindale St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Hebrew Woodlawn Date 6/23/33. 19

19. UNDERTAKER Jackson Inc (Address) 1429 E Baltimore St

20. FILED JUN 23 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1933 to 6-22, 1933

I last saw h alive on 6-22, 1933 Death is said to have occurred on the date stated above, at 430 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease.	
Hypertension	
Arterio sclerosis.	
Benign prostat. c hypertrophy.	

Other contributory causes of importance:

Chr. cholecystitis

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupatinn of deceased? no If so, specify

(Signed) H Edmund Levin M. D.

(Address) Levindale.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Penalty for making any false statement in this certificate is that it may be properly classified.

M. D. F. No. 91473

E 91478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. ..... Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Ginsglass

(a) Residence: No. 517 N. Colvington St. Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cap Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER

15. MAIDEN NAME M. Ely

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place North Pt. Germany Hill Rd. Date 6/22/33 19

19. UNDERTAKER Levy Bros. Inc.
(Address) 439 E. Balto St

20. FILED 6-23-1933 Huntington Indiana N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3 1933 to June 22 1933

Last saw h[im] alive on June 22 1933 Death is said to have occurred on the date stated above, at 2 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Bronchopneumonia	

Name of operation Ant. Gastrojejunostomy Date of 6/13/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1258-A

E 91479 ✓ E 91479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2220 Roslyn Ave. St. 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David T. Bennett,

(a) Residence: No. Greenway Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phyllis K. Bennett,

6. DATE OF BIRTH (month, day, year) Dec. 23, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	5	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04 1/2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Bennett,

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Nellie U. Uhler,

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

17. INFORMANT Frank Bennett

(Address) 2220 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL JUN 24 1933

Place London Park Date 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

Funeral Home, Inc.

20. FILED JUN 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 21 1933 19

22. I HEREBY CERTIFY, That I attended deceased from May 28 1933 to June 21 1933.

I last saw h[illegible] alive on June 13 1933 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis Gen Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wesley Edes M. D.

(Address) 2207 Gwynn Oak

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91480 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91480

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 W. Fayette St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Henry C. Wiegate

(a) Residence: No. 2533 W. Fayette St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Wiegate

6. DATE OF BIRTH (month, day, year) Mar 28th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Wiegate

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME A. Travis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Wiegate

(Address) 2533 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/24/33

19. UNDERTAKER F. B. Burkert Son

(Address) 1301 Eutaw Place

20. FILED ..... By .....

Huntington Ave. Registry.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21st 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to June 21 1933

I last saw h[illegible] alive on June 21 1933 Death is said to have occurred on the date stated above, at 1.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis Hypertension	[illegible]
	[illegible]

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter A. Eve M. D.

(Address) 517 N. Howard St Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 29 1933

M. D. B. 1268-9

91481

HEALTH DEPARTMENT—CITY OF BALTIMORE 91481

CERTIFICATE OF DEATH X22

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Willard W. Fritz

(a) Residence: Westminster Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Fritz

6. DATE OF BIRTH (month, day, year) Nov 2d 1900.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	32	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm O&O

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westfield Carroll Md

FATHER

13. NAME Chas Fritz

14. BIRTHPLACE (city or town) (State or country) New Windsor

MOTHER

15. MAIDEN NAME Carrie Kauffman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Carrie Fritz Westfield Md

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Md Date 6/26 1933

19. UNDERTAKER H Bankard & Son (Address) Westminster Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7th 1933 to June 23rd 1933

I last saw h/m alive on June 16th 1933. Death is said to have occurred on the date stated above, at 5.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus (Traumatic)	6-17-33
Other contributory causes of importance:	
Pneumonia	6-22-33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. Fraunfelter M. D.

(Address) Westminster Md

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91432 E 91432

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1364 Stockton St., 15-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME 1364 Stockton 2

(a) Residence: No. George W Stewart (Usual place of abode) flat St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Stewart

6. DATE OF BIRTH (month, day, year) [redacted]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter gp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 6 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

FATHER

13. NAME James Stewart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Harriet Fraby

16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT Mary E. Stewart

(Address) 1364 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date June 24 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED JUN 23 1933 [illegible] for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933 to June 21, 1933

I last saw him alive on June 20, 1933 death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Dec 16 1932.

Other contributory causes of importance:

Age - Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) William H Wright M. D.

(Address) 1209 Presstman St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

91483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91483

CERTIFICATE OF DEATH

87-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 E. Madison St. St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Bonhach

(a) Residence: No. 1716 N. Bradford St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fenale	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Bonhach

6. DATE OF BIRTH (month, day, year) Jan 3, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Wittgrefe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Goerge Bonhach

(Address) 3129 Cliftmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date June 23. 1933

19. UNDERTAKER Mc. C. Miller & Sons

(Address) 2334 Jefferson St.

20. FILED JUN 23 1933 [illegible] Registrar, A. P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933 to June 20 1933

I last saw her alive on June 19 1933 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Other contributory causes of importance:	
Cerebral Hemorrhage	6/20/1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Albert Singnaly, M. D.

(Address) 1613 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91484

CERTIFICATE OF DEATH

92-001

91484

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 838 S Sharp St., 22-01 Ward)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Robinson

(a) Residence: No. 838 S. Sharp St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE: Years 78 | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harvey Triple

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Westmore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Adella Dorsey 838 S Sharp St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 6/24, 1933

19. UNDERTAKER Samuel F Rutherford & Son

(Address) 1825 E Monument St

20. FILED ... 19... by ... Registrar

JUN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to June 21, 1933 I last saw h alive on June 21, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lung Disease	
Cardiac Decompensation	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. B. Flora M. D.

(Address) 112 S. Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 91485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91485

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Presstmann St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

62-10-28

2. FULL NAME Jennie Ethel Zepp.

(a) Residence: No. 3013 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Tony R. Zepp.

6. DATE OF BIRTH (month, day, year): July - 25 - 1870

7. AGE: Years 62 | Months 10 | Days 28 31 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): South Danville Pennsylvania

FATHER

13. NAME: Daniel S. Critelles

14. BIRTHPLACE (city or town) (State or country): South Danville Pennsylvania

MOTHER

15. MAIDEN NAME: Sarah Jane Brouse

16. BIRTHPLACE (city or town) (State or country): Coon Lake Pennsylvania

17. INFORMANT: Helen D. Zepp-Tony Clio

(Address) 3013 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Ark Post-Md. Date June 23 19 33

19. UNDERTAKER: Edwards & Pomeroy Co

(Address) 1001 Madison Ave.

20. FILED JUN 23 1933 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17 - 1928 to June 20 - 1933

I last saw h.. alive on June 20 - 1933 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ovarian Carcinoma ?	
Uterus	5 yrs

Other contributory causes of importance:

Name of operation Hysterectomy Date Nov. 1928

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac C. Dickson M. D.

(Address) 3055 N. North Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 91486

91486

CERTIFICATE OF DEATH

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gwynn Hall Apts St., 1220 Ward)

Length of residence in city or town where death occurred 66 yrs 5 mos 1 ds. How long in U. S. If of foreign birth 66 yrs 5 mos 1 ds.

2. FULL NAME Florence Smith Nicodemus

(a) Residence: No. Gwynn Hall Apts St., 12 Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank C. Nicodemus

6. DATE OF BIRTH (month, day, year) about Jan 21 1867

7. AGE Years 66 Months 5 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Mary Land Balto.

FATHER

13. NAME Theodore Smith

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

MOTHER

15. MAIDEN NAME Maryann C. Moore

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mallory Taylor Cousin

(Address) 211 E. Hoffman Portsmouth

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown-Md Date June 24 1933

19. UNDERTAKER Stewart & Bowen Co.

(Address) 108 W. Read Ave.

20. FILED JUN 23 1933 Huntington Indiana Nov 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Poison (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) H. J. Klossner M. D. Coroner

(Address) 3232 Roland

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 13

E 91487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91487

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Benson Galloway

(a) Residence: No. 605 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs J B Galloway

6. DATE OF BIRTH (month, day, year) 12-12-66

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME R. Galloway

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Mary E Kelly

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs. G

(Address) 605 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 24 1933

19. UNDERTAKER Stewart & Company

(Address) 208 Monroe St

20. FILED 6-24 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-12-33, 1933, to 6-22-33, 1933

I last saw h[illegible] alive on 6-22-33, 1933. Death is said to have occurred on the date stated above, at 12.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	6-8-33
Coronary thrombosis	6-1-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Yates M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 25 1933

M. D. B. 1268-B

91488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91488

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital
CITY OF BALTIMORE: (No. 1514 Dawson St.) (Ward) 18-01

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin A. Jones

(a) Residence: No. 1116 Lafayette Ave. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Jones

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Ada Jones
(Address) 1116 W. Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 24, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder Ste.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1933 to 6-22-, 1933
I last saw h[illegible] alive on 6-22, 1933 Death is said to have occurred on the date stated above, at 9.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	
Other contributory causes of importance:	
Cerebral Thrombosis	6-18-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) B. F. Jones, M. D.
(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91489 **HEALTH DEPARTMENT—CITY OF BALTIMORE** R 91489

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No.) St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank O. Brolin

(a) Residence: No. 911 N. Calvert st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lula Brolin

6. DATE OF BIRTH (month, day, year) Nov. 30, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Gustave Brolin

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Anna Anderson

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 23, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED JUN 23 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to June 21 1933

I last saw him alive on June 21, 1933. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	June 1930
Tuberculous Laryngitis	March 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 91490 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 E 91490

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp 2-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...dys. How long in U. S. If of foreign birth? ...yrs. ...mos. ...dys.

2. FULL NAME Anthony Clarke

(a) Residence: No. 239 S. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 7 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Road Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind.

10. Date deceased last worked at this occupation (month and year) 6/7/33

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Andrew J. Clarke

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Mary E. Harris

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Andrew J. Clarke (Address) 239 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date June 24, 1933

19. UNDERTAKER John A. Moran (Address) 3000 E. Baltimore St Huntington Highlands, M.D.

20. FILED JUN 23 1933 Registrar.

N 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933 to June 21, 1933

I last saw him alive on June 21, 1933 Death is said to have occurred on the date stated above, at 5 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	
- Hemorrhagic	

Other contributory causes of importance: Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? Denied Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kennard, M. D.

(Address) St Josephs Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91491

E 91491

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 N. Calvert St. 12-22 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth A. Linthicum

(a) Residence: No. 2608 N. Calvert St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert R. Linthicum

6. DATE OF BIRTH (month, day, year) Nov 18 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grafton W. V.

FATHER

13. NAME Charles Clifford

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie E. Reed

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. R. Stevenson

(Address) 2608 N. Calvert

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 24 1933

19. UNDERTAKER J. Fenw McCully

(Address) 139 E. Fort Ave.

20. FILED JUN 26 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 , 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to June 22, 1933

last saw her alive on June 21, 1933 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 15 '33

Other contributory causes of importance:

Hypertension	

Name of operation None Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 91492

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-E 91492

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3017 St. Paul St. 12-C1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Foertz

(Residence in Baltimore: No. 3017 St. Paul St. 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M.	W.	Widower

6-DATE OF BIRTH, September, 1, 1860
(Month) (Day) (Year)

7-AGE, 73 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Iron Mold
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Phila Pa

PARENTS.

10-NAME OF FATHER, John J. Foertz

11-BIRTHPLACE OF FATHER (State or Country) Phila Pa

12-MAIDEN NAME OF MOTHER Ann E. Bates

13-BIRTHPLACE OF MOTHER (State or Country) Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. Foertz Jr

(Address) 3017 St Paul St

15- JUN 23 1933 Huntington Williams, M.D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1933
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest and Post-mortem or inquiry) thereon and from the evidence obtained by said Inquest and Post-mortem or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Monroe (Coroner) M. D.

6/27/1933 (Address) 302 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem — DATE OF BURIAL, 6/24, 1933

20-UNDERTAKER John F. Tracy & Sons — ADDRESS 1310 Eutaw St.

Important.—See instructions on back of certificate.

M. D. B. 1268-9

E 91493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91493

CERTIFICATE OF DEATH

141

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Belmont St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Clement Jarrett

(a) Residence: No. 912 Eutaw Place St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charleston S C

FATHER

13. NAME Judson Garrett

14. BIRTHPLACE (city or town) (State or country) Sumter S C

MOTHER

15. MAIDEN NAME Sarah Collins.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Jessie Jones
(Address) 912 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Charleston S.C. Date June 23. 1933

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Light St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Illness Carriage	
Left induced	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regulon Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91494

91494

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Leverton Ave. St. 26-01 Ward)

Length of residence in city or town where death occurred Unknown. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME VERONICA VASOLD.

(a) Residence: No. 3301 Leverton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Vasold.

6. DATE OF BIRTH (month, day, year) Jan. 12 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME ? Winterling.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Ambrose Vasold(Son)
(Address) 3211 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date June 24 19 33

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 402 S. Wolfe St.

20. FILED ..... 19..... (Signature of Registrar)

JUN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov 1— 1932 to June 21— 33

I last saw her alive on June 20 1933 Death is said to have occurred on the date stated above, at 5.45 A.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1 day
Arteria Sclerosis	Yrs 6 Mo.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Dr. Leo Vogl M. D.

(Address) 4242 Harford Av.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 91495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91495

V 45

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 22 N. Glover St. St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOHN L. KOERNER.

(a) RESIDENCE NO. 22 N. Glover St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Koerner.

6 DATE OF BIRTH (month, day, and year) July 21 ~~1856~~ 1856

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	76 ~~77~~	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Salesman~~ Retired. gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Koerner.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Margaret M. Koerner (Wife)

(Address) 22 N. Glover St.

15 Filed ..... 19 .....

6/23 1933 Meeting for Witness, Friend

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 21 1933.

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1933 to June 21, 1933

that I last saw him alive on June 21, 1933

and that death occurred, on the date stated above, at 10:05 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency 1 mo

Carcinoma of Tongue 1 year

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio vascular renal - senile arterio - sclerosis

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contrarted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Mind & phys. Exam.

(Signed) Louis F. Krumbein, M. D.

. 19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial 6/26/33 19

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

Item cannot be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1'68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91496

CERTIFICATE OF DEATH

E 91496

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W. University Parkway St. 9 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Page Garrett

(a) Residence: No. 205 Southway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Causby Garrett

6. DATE OF BIRTH (month, day, year) August 24, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 5-5-

12. BIRTHPLACE (city or town) (State or country) Berryville, Va

FATHER

13. NAME Charles S. Lee

14. BIRTHPLACE (city or town) (State or country) Berryville, Va

MOTHER

15. MAIDEN NAME Margaret R. Page

16. BIRTHPLACE (city or town) (State or country) Clarke County

17. INFORMANT Louise F. Casey

(Address) 3101 St. Paul St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Berryville Va. Date June 24 1933

19. UNDERTAKER Henry N. Jenkins Sons Co

(Address) 1st Emerson Ave

N 23 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933 to June 21, 1933

I last saw her alive on June 21, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1918
Chronic Interstitial Nephritis	1925
Hypertension	1914
Chronic Myocarditis	1925
Bronchopneumonia	2 days ago
Other contributory causes of importance:	
Angina Pectoris	1 year

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Stinson Jr. M. D.

(Address) 208 East 39th St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

91497 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91497

CERTIFICATE OF DEATH

131

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 N. Monroe St. Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph T. Kearns

(a) Residence: No. 1801 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alexander Kearns

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth McDonnell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Sinkney Walker
(Address) 1801 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 24, 1933

19. UNDERTAKER Martin Gately & Sons
(Address) 1617 N. Gorsuch Ave.

20. Filed JUN 23 1933 Registrar.

N 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1933, to June 22nd, 1933

I last saw h(im) alive on June 22nd, 1933. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1931

Other contributory causes of importance:

Chronic Interstitial Nephritis	Jan 1931

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Sullivan M. D.

(Address) 1701 N. Fulton Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 91498 53

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 91498

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Sisco

(a) Residence: No. 2019 Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/15/21

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jos. Sisco

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mame Butzold

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 24, 1933

19. UNDERTAKER John J. Rudt
(Address) 2218 Hudson St

20. FILED ..... Huntington Williams, Reg.

N 231933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to June 21, 1933

I last saw h.im alive on June 21, 1933 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	March 1933

Other contributory causes of importance:

None

Name of operation Right Carotid Ligation Date of 6-21-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul A. Rundt M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91499 E 91499

95-002

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2633 Calvert St. 12-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Ramsay

(a) Residence: No. 2633 Calvert St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Albertus Ramsay

6. DATE OF BIRTH (month, day, year) Sept 19, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. L. Emerson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT W. P. Emerson

(Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 6/26/33

19. UNDERTAKER Harry D. Deitzler & Sons Inc.

(Address) 4101 Reisterstown Rd.

Washington Williams, M.D. Registrar.

JUN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933. to June 23, 1933. I last saw her alive on June 23, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

acute cardiac dilatation — Date of onset June 23, '33

Other contributory causes of importance:

Chronic hypertension — Probably

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91500

CERTIFICATE OF DEATH

E 91500

93-003

1. PLACE OF DEATH Balto City Hospitals

Registered No. 5-04

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Stevenson

(a) Residence: No. 410 Asquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Stevenson

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 78 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hw.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Princess Anne Co Md

FATHER

13. NAME: Alfred Ballard

14. BIRTHPLACE (city or town) (State or country): Princess Anne Co Md

MOTHER

15. MAIDEN NAME: Emmaline Curtis

16. BIRTHPLACE (city or town) (State or country): Princess Anne Co Md

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Asbury Cemy Date: June 24 1933

19. UNDERTAKER: Lattie Gibbs

(Address): 408 Aisquith Ave

20. FILED: Lexington Williams

JUN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1933, to 6-20, 1933

I last saw her alive on 6-20, 1933 Death is said to have occurred on the date stated above, at 11:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr. myocarditis	
arteriosclerotic	
Gangrene left foot	
Other contributory causes of importance:	
Myocardial failure	6/19/33

Name of operation: No Date of: —

What test confirmed diagnosis? C F Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Bruce Schaefer M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91501

CERTIFICATE OF DEATH

V 176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md. Gen. Hospital St., 8-01 (Ward)

CITY OF BALTIMORE: (No.) ..... yrs. unknown mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred .....

2. FULL NAME Mrs Susan Sams St., ... Ward.

(a) Residence: No. 1609 N. Fay (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year)	7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Dec. 27-1866	66	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unk

FATHER

13. NAME William Bathurst

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Walter A. Holloway

(Address) Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL Date June 25 1933

Place Pine Grove Cemetery

19. UNDERTAKER Geo. L. Schmidt Funeral Dir.

(Address) 2101 Pennsylvania Ave. Registered No. .....

20. FILED JUN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1933 to 6-23 1933

I last saw her alive on 6-23 1933 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	2 yrs
Cholelithiasis	
Other contributory causes of importance: Myocardial failure	6-23-33

Name of operation Cholecystectomy Date of 6-16-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. Geo. L. Schmidt M. D.

(Address) 2101 Pennsylvania Ave.

Information should be carefully supplied. Physicians should state CAUSE OF DEATH in plain terms. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91502

CERTIFICATE OF DEATH

E 91502

93-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3503 Hunsdale St. (15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Registered No.
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Jules

(a) Residence: No. 3503 Hunsdale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Flora Jules

6. DATE OF BIRTH (month, day, year) Jan 25/1880

7. AGE — Years 53 | Months 4 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lived on
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Income
10. Date deceased last worked at this occupation (month and year) Retired
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Louis Jules
14. BIRTHPLACE (city or town) (State or country) Paris.

MOTHER
15. MAIDEN NAME Jane Warberg
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Bernard Jules
(Address) 3503 Hunsdale

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date June 25/33

19. UNDERTAKER J. Kemp & Co
(Address) 243 Reisterstown Rd

20. FILED JUN 23 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 ... 19 ... I last saw h... alive on June 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — 2 years

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D. Coroner
(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91503

CERTIFICATE OF DEATH

93 VE 91503
93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 S. Chester St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth?....yrs. ....mos. ....ds.

2. FULL NAME William J. Thurlow

(a) Residence: No. 214 S. Chester St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23, 1870,

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 06

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William J. Thurlow

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Clarke

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT B. Harris Henderson
(Address) 222 New Amsterdam Bld'g.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mt. Cem. Date June 24, 193

19. UNDERTAKER Wm C. Black
(Address) 927 N. Broadway

19....

JUN 23 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to June 22 1933

I last saw h alive on June 21 1933. Death is said to have occurred on the date stated above, 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	1 yr.
Other contributory causes of importance:	
Cerebral Hemorrhage	3 days

Name of operation ....Date of....

What test confirmed diagnosis? ....Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

(Signed) Edward Lee M. D.

(Address) 413 Washington

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 93 E 001 91504

E 91504

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Mathews

(a) Residence: No. 1706 Cairo St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bells Md

FATHER

13. NAME John H Mathews
14. BIRTHPLACE (city or town) (State or country) Bells Md

MOTHER

15. MAIDEN NAME Sarah Butler
16. BIRTHPLACE (city or town) (State or country) Bells Md

17. INFORMANT Sophia Carter
(Address) 1706 Cairo St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date June 24th 1933

19. UNDERTAKER A. Jones et
(Address) 111 S. Hutchins St Huntington Williams, W. Va.

20. FILED JUN 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 4-9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Calhoun St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement in OCCUPATION is very important. See instructions on back of certificate.

N 23 1933

Spec.—12-9-25—A Co.—200 Blks.

E 91505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91505

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Kittrick

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. City mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6 April 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Henry Kittrick

12 MAIDEN NAME OF MOTHER Louise Graum

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Stanislaus, Supr.

(Address) 1200 Valley St. City

Huntington Williams, M.D.

Registrar

231933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 1932, to June 22, 1933, that I last saw him alive on June 22, 1933, and that death occurred, on the date stated above, at 7.40 p. m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY Arterio Sclerosis

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Dorsey Corbin, M. D.

6/23, 1933 (Address) 1114 Hearn Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial June 24 1933

20 UNDERTAKER Rita Wiedefeld ADDRESS 1114 Grauma

very important. See instructions on back of certificates.

AdCo. 5-31 250B

E 91506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91506

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) I747 Wilkens Avenue St. 19-61 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Thomas E. Burgess

(a) Residence: No. I747 Wilkens Avenue St., ...Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma C. Burgess (nee Jones)

6. DATE OF BIRTH (month, day, year) May 29 1856

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
77		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thos. Burgess

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas E. Burgess
(Address) I747 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md. Date 6/24 1933

19. UNDERTAKER Harry K. Coriyhe
(Address) 1101 Edmondson Ave
Huntington Williams & Nice
Registrar.

6 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 21 33, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/3/33, 19 , to 6 21 33, 19
I last saw h im alive on 6 21 33, 19 , death is said to have occurred on the date stated above, at IIa m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	
Other contributory causes of importance:	
Toxemia	

Name of operation ....Date of ....

What test confirmed diagnosis? ....Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....If so, specify ....

(Signed) Thos O'Meara, M. D.

(Address) 400 n Payson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18/E 91507

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 91507

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St. 16-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert A. Mason.

(a) Residence: No. 729 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Mason

6. DATE OF BIRTH (month, day, year) Oct 12-1894

7. AGE Years 38 Months 8 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paperhanger

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Wm Mason

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary A. Gordan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frank R. Mason

(Address) 729 N. Carey

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 24 1933

19. UNDERTAKER Jos. H. Elgar & Son

(Address) 1600 E. Baltimore St.

Huntington Williams

Registrar

JUN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 to June 19 33 I last saw h alive on June 19 33 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2 & 3rd degree burns over body	
Other contributory causes of importance: was burning paint off house with gasoline burner	

Name of operation Date of

What test confirmed diagnosis Autopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 19 33

Where did injury occur? Burnt paint off house (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. E. Funk M. D.

Coroner

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-D

E 91508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91508

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred 5yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Stinger

(a) Residence: No. 1402 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7 8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner, Dyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eva Richardson

(Address) 653 N Sterling St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 1-24-, 1933

19. UNDERTAKER Mrs Thos G. Bailey

(Address) 440 Huntington Ave, Wilmington, N.C.

JAN 24 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at 8 00 m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) 1303 Eutaw Pl

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91509

CERTIFICATE OF DEATH

E 91509

16-01 137

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 867 HOLLINS St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHRISTOPHER KAIRIS

(a) Residence: No. 867 HOLLINS St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) No 1865

7. AGE 68 Years	* Months	* Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CLOTHING
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithvania

FATHER

13. NAME No.
14. BIRTHPLACE (city or town) (State or country) Lithvania

MOTHER

15. MAIDEN NAME No.
16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT J. Kairis
(Address) 867 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 20, 1933

19. UNDERTAKER John Grebliauckas
(Address) 423 S Paca Street

20. FILED JUN 24 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926 to June 22, 1933
I last saw h[illegible] alive on June 22, 1933. Death is said to have occurred on the date stated above, at 8 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Other contributory causes of importance:	
Hypertrophied Prostate,	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Wolf, M. D.

(Address) 113 W. Franklin

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91510

HEALTH DEPARTMENT—CITY OF BALTIMORE

91510

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Light St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Augusta Evelius

(a) Residence: No. 1409 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Evelius.

6. DATE OF BIRTH (month, day, year) Feb 3 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not Known.

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Jones, Evelius

(Address) 1409 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 6-24-1933

19. UNDERTAKER E & D. Harle

(Address) 115 E West St.

20. FILED ~~Huntington Williams, M.D.~~ Registrar.

N 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from 4.6.23. 19 to 6.21.33. 19

I last saw her alive on 6.21.33. 19 Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of stomach	Unknown
secondary carcinoma of hepatic flexure and transverse colon	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Philip B. Fowler M. D.

(Address) 1458 William St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 91511 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91511

CERTIFICATE OF DEATH.

161-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 N. Fulton Ave. ST. 15-01 WARD)

2-FULL NAME Baby Stadden

(a) RESIDENCE NO. 2201 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): June 23rd 1933

7 AGE Years Months Days If LESS than 1 day, hrs. or / min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ernest R. Stadden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Addington Oklahoma

12 MAIDEN NAME OF MOTHER: Myrtle D. Bellham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs. Bessie F. Raine

(Address) 2201 N. Fulton Ave. Balto

15 Filed JUN 24 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 23rd 1933

17 I HEREBY CERTIFY, That I attended deceased from June 23rd, 1933 to June 23rd, 1933, that I last saw him alive on June 23rd, 1933, and that death occurred, on the date stated above, at 1-35 p m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum (Premature Birth)

(duration) yrs. mos 1 da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual Routine

(Signed) Elbert G. Reitzel M. D.

, 19 (Address) 2245 Reisterstown Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn, Md.

DATE OF BURIAL: 6/24 1933

20 UNDERTAKER: Harry F. Nuttle, 4101 Edmondson Ave

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH statement of CAUSE

TION is very important. See instructions on back of certificate.

N 24 1933

M. D. H. 1268-9

91512 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91512

CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY OF BALTIMORE: (No.) Balto. City Hospitals (St. or Ward) Ward 3-01 130

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas. O. Snyder

(a) Residence: No. 3322 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-27-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	84	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Horatio —

14. BIRTHPLACE (city or town) (State or country) Carroll Co, Md.

MOTHER

15. MAIDEN NAME Jessie Bowney

16. BIRTHPLACE (city or town) (State or country) Carroll Co, Md.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mayo Hampden Date June 26, 1933

19. UNDERTAKER Chenoweth & Love
(Address) 3615-17 Chestnut Ave

20. FILED JUN 24 1933 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-17, 1933 to 6-23, 1933

I last saw him alive on 6-23, 1933. Death is said to have occurred on the date stated above, at 12:30 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, both lungs	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

6-23-33 (Signed) Elmer Leibegott M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 91513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87 E 91513

1-PLACE OF DEATH

Registered No.

City of BALTIMORE (No. 2216 Eleanor Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Rinehart Miller

(a) Residence No. 2216 Eleanor Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced: Married

5a-If married, widowed, or divorced WIFE of J Herbert Miller

6-DATE OF BIRTH (month, day and year) May 20-1877

7-AGE: 56 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: -

9-BIRTHPLACE (city or town) (State or Country): Union Bridge Md

PARENTS.

10-NAME OF FATHER: Israel G Rinehart

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Union Bridge Md

12-MAIDEN NAME OF MOTHER: Lucinda Englar

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Medford Md

14-

(Informant): Mrs J Herbert Miller

(Address): 2216 Eleanor Ave

15-

Filed N 24 1933

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 23 1933

17- I HEREBY CERTIFY, That I attended deceased from ....19 20 to June 23 19 33

that I last saw h 22 alive on June 23 19 33

and that death occurred, on the date stated above, at 12 N. M.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Thos A Smith M. D.

6/23, 1933 (Address) 2430 Maryland Ave

*State the Disease Causing Death, even deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Pikes Creek Cem Lauderdale Md

DATE OF BURIAL: June 25 19 33

20-UNDERTAKER: Wm J Duckett & Sons

ADDRESS: Z La

If plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 91514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 91514

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 W. Franklin St. St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ---mos.--- How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Jackson.(C)

(a) Residence: No. 1625 W. Franklin St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed or divorced — HUSBAND of XXXXXX — Mary Jackson.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick, Md.

FATHER

13. NAME Lewis Jackson.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Edibeth ------(C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT James Jackson.(C) son.
(Address) 1625 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place The Plains Va Date June 24 1933

19. UNDERTAKER Archibald E. Taddie
(Address) 2141 Mc Culloh St
Huntington Postmaster, W. Va.

JUN 24 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2.35 P. M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of the stomach.

Other contributory causes of importance:

Name of operation Yes. Date of 5/12/3

What test confirmed diagnosis? Operation. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto M. Rinehart Coroner, M. D.

6/28/38 Address) 1017 E. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91515

CERTIFICATE OF DEATH

E 91515

82-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Greenmount Ave. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary P. Tapman

(a) Residence: No. 2733 Greenmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel F. Tapman

6. DATE OF BIRTH (month, day, year) Aug. 9 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gottlieb Tahmyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Lindenkugel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT W. H. Tapman (Son)

(Address) 1430 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 26, 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

LICENSE Huntington Williams, Mgr.

N 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933 to June 23, 1933

I last saw her alive on June 22, 1933. Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6/9/33
Other contributory causes of importance: Multiple Sclerosis	1928

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice E. Shamer, M. D.

(Address) 3300 W. North ave

State CAUSE OF DEATH in plain terms, so that any layman may understand it. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91516

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 27-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Gebhart

(a) Residence: No. Ingram Hall Apt (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha Gebhart

6. DATE OF BIRTH (month, day, year) June 12, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME — Gebhart

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Stanley Gebhart

(Address) Ingram Hall Apts

18. BURIAL, CREMATION, OR REMOVAL

Pikesville Friendship June 1933

19. UNDERTAKER Harold Sondheim & Son

(Address) 1922 Eutaw Place

JUN 24 1933 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933 to June 24, 1933

I last saw h.. alive on June 24, 1933 Death is said to have occurred on the date stated above, at 1.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	June 4
Bronchopneumonia	June 4

Other contributory causes of importance:

Parkinsons
Arteriosclerosis
Chronic Nephritis & Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Archie R. Cole M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91517 E 91517

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Eastern Ave St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Rutkowski

(a) Residence: No. 1820 Eastern Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Rutkowski
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Marie Wonsowicz
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Marie Rutkowski mother
(Address) 1820 E Pratt st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 24 1933

19. UNDERTAKER John M Weber
(Address) 401 E Chestnut st Huntington Williamson W Va

FILED JUN 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21 1933 to June 23 1933

I last saw h alive on June 23 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia both lungs

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Reynolds M. D.

(Address) 801 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91518

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bayview City Hospitals St. 14-21 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Smith

(a) Residence: No. 607 Pitcher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilliard

6. DATE OF BIRTH (month, day, year) 9-24-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Stanley

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME Mary Frazier

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Glen Date 6/25/ 1933

19. UNDERTAKER Samuel F. Hemsley
(Address) 2078 Pr Biddle St

JUN 24 1933

19. Registrar.

Filed for Williamsburg, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-33

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1933 to 6-22 1933

I last saw h... alive on 6-22 1933. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease hypertension	?
arteriosclerosis	?

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6-23-33 (Signed) Edwin Highbarger, M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 91519 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91519

V 119

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 N. Carey ST. 18-01 WARD)

2-FULL NAME Baby James Nathaniel Campbell

(a) RESIDENCE NO. 323 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-26-33.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		3 2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Theresa Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant aunt - Beatrice Kemp

(Address) 323 N. Carey.

15 Filed JUN 24 1933 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23-1933

17 I HEREBY CERTIFY, That I attended deceased from 3-21-, 1933, to 3-23-, 1933, that I last saw h/m alive on 3-23, 1933, and that death occurred, on the date stated above, at 7.15 p m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

Diarrhea.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) malnutrition

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? clinical.

(Signed) Samuel S. Glick, M. D.

, 19 (Address) 3914 Park Hts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 6/24 1933

20 UNDERTAKER Charles H. Burkett

ADDRESS 3217 Cary St

CAUSE OF DEATH to plain terms, so that it may be properly classified. Last statement of occupation is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 91520 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93 E 03 91520

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary, 29 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Sallie Broadgood

(a) Residence: No. Church Home & Infirmary St., Ward.

(Usual place of abode) Same Place (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1838

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

FATHER

13. NAME James Bilisoli

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER

15. MAIDEN NAME Ellen Bonsal

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Ellen Mrs Bacher

(Address) 3100 North Charles Way City

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk. Va Date June 25 1933

19. UNDERTAKER Henry W. Jenkins' Son Co

(Address) Orchard & Eutaw Sts.

Huntington Williams, M.D.

JUN 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-18-33 . 19 , to 6-23-33 . 19

I last saw her alive on 6-23-33 . 19 . Death is said to have occurred on the date stated above, at 2.8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days

Other contributory causes of importance:

Arteriosclerosis General	?
Myocarditis Chronic	?

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hobbes Young M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91521

CERTIFICATE OF DEATH

V47

Dr. Yaeger Medical

E 91521

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 Harlem Ave St. 6-01 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Coles Phifer

(a) Residence: No. 2417 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Dr. H. J. Phifer

6. DATE OF BIRTH (month, day, year) April 25th 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton, Ga

FATHER

13. NAME Cole

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Pate

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Dr. H. J. Phifer

(Address) 2417 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Shipp Funl Dir

Place Warrenton Ga Date 6-25 P.M. 19

19. UNDERTAKER Richard Kreyer

(Address) 620 Ashburton Blvd

N 24 1933 Huntington Williams Co.

(Signed) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-27 1933. to 6-24 1933

I last saw her alive on 6-24 1933 Death is said to have occurred on the date stated above, at 12.50 a.m. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pleura right.	1/6/33
Generalized carcinomatosis.	

Other contributory causes of importance:

Name of operation Thoracoplasty Date of 4/29/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) George H. Yaeger M. D.

(Address) 314 Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

R 91522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91522

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH Lemmatty Hosp. Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Joseph White

(a) Residence: No. 613 Chris St ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-20-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Spencer White.

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

MOTHER

15. MAIDEN NAME Ruth Dorsey

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Spencer White.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of M. Anatomy Dept. Date 6-22, 1937

19. UNDERTAKER [redacted]
(Address) [redacted]

[redacted] Registrar.

JUN 24 1933

0579

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1933, to 6-21, 1933

I last saw him alive on 6-21-33, 19. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia.	6-16-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) [redacted] M. D.

(Address) Monumental Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91523 E 91523

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S Madeira St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... s. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michal Biedronski known as Michal Bailey

(a) Residence: No. 120 S Madeira St., ... Ward. OK City Hospital Grounds

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of Catharine Biedronski

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jozef Biedronski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rozalia Stangewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Wisniewski

(Address) 24 E. Paterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 6-26 1933

19. UNDERTAKER John J. Ruda

(Address) 238 Hudson St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22 33 to June 23 33

I last saw him alive on June 22 33 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1933
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. Williams Heyward M. D.

(Address) 501 St Paul

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 24 1933

Spec.—1-12-23—M&T—500 Blks.

E 91524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91524

CERTIFICATE OF DEATH.

V 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4130 Edmondson Ave (St.) 16-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur W. Shivers.

(a) RESIDENCE NO. 4130 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Amy Shivers

6 DATE OF BIRTH (month, day, and year) March 7 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	65	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Embalmer. 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Jos. Shivers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Amy Shivers (Address) 4130 Edmondson Ave

15 24 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1933

17 I HEREBY CERTIFY, That I attended deceased from 1929 to June 22 1933.

that I last saw h living on June 22 1933

and that death occurred, on the date stated above, at 1.03 P m

The CAUSE OF DEATH* was as follows:

* Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. Wiesing M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 27 1933

20 UNDERTAKER Edw Foulson — ADDRESS Wash Blvd

THION is very important See instructions on back of certificates.

M. D. H. 1268-9

E 91525

91525 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH County Hosp. St. 27-21 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin W Hofmann

(a) Residence: No. 5011 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hofmann

6. DATE OF BIRTH (month, day, year) July 9th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianapolis Cincinnati Ohio

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME ? Armstrong

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Alice Hofmann

(Address) 5011 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cincinnati Ohio Date 6/24- 1933

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

Huntington Williams, M.D.

Registrar.

JUN 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 24 33

22. I HEREBY CERTIFY, That I attended deceased from 6 21 33, 19 to 6 24 33, 19

I last saw him alive on 6 24 33, 19. Death is said to have occurred on the date stated above, at 5 30 Am.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 6 17 33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Brady Jr M. D.

6/24/33 (Address) County Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 91526

91526 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1428 Druid Hill ave ST. 14-01 WARD)

2-FULL NAME John E. Christy

(a) RESIDENCE NO. 1428 Druid Hill ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/5 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER John E. Christy sr
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Emma Dowell
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Estella Boyd
(Address) 1428 Druid Hill ave

15 Filed JUN 25 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23-1933

17
I HEREBY CERTIFY, That I attended deceased from May 27 1933 to June 23 1933
that I last saw him alive on June 22 1933
and that death occurred, on the date stated above, at 4:30 P m.
The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) John H. Tompkins M. D.
19 (Address) 1021 N. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre de Grace, Md — DATE OF BURIAL Jun 26 1933

20 UNDERTAKER James A Hayes — ADDRESS 1912 Usher St

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

91527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 186 E 001 91527

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irvine Boone.(C)

(a) Residence: No. Jacobsville, A. A. Co. Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXX Mary Boone.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacobsville, Md.

FATHER

13. NAME Fordy Boone.(C)

14. BIRTHPLACE (city or town) (State or country) Jacobsville Md.

MOTHER

15. MAIDEN NAME Ida ----------(C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mary Boone.(C) wife)

(Address) Jacobsville, A. A. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Magothy Date June 25 1933

19. UNDERTAKER James Pologyes

(Address) 142 W. Fielding Huntington Williams N.C.

JUN 25 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

Concussion of the brain. (Cerebral Concussion)

Accidental fall to the floor.

Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/18/33 19

Where did injury occur? Jacobsville, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Accidental fall.

Nature of injury Cerebral Concussion.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Steinhardt M. D. Coroner

6/28/33 (Address) 1017 E. Charles St.

A&Co. 5-31 250B

E 91528 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91528

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1424 Mc Henry St. 14-21 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carmen Emig

(a) Residence: No. 1424 Mc Henry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George O. Emig

6. DATE OF BIRTH (month, day, year) 12-24 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm. A. Lancaster

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Emma Parcell

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT George O Emig
(Address) 1424 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date 6-27 1933

19. UNDERTAKER Albert Smith
(Address) 1 E Chase St

JUN 23 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933 to June 22, 1933
I last saw her alive on June 22 1933 death is said to have occurred on the date stated above, at 10.23 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Other contributory causes of importance: Cerebral Hemorrhage	6/19/33

Name of operation ... Date of ...
What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased No If so, specify ...

(Signed) W. T. Digney M. D.
(Address) 1324 W. Lombard St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

91529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79-002 E 91529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 Dolphin St. (or WARD) 17-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda W. Brown

(a) RESIDENCE NO. 704 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Brown

6 DATE OF BIRTH (month, day, and year) 6-16-1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Harry A. Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Greene

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Julia A. Wheeler Mother 704 Dolphin St.

15 Filed 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21- 1933

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1933, to June 21, 1933, that I last saw her alive on June 21, 1933, and that death occurred, on the date stated above, at 7:50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Meningitis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 704 Dolphin St.

Did an operation precede death? No Date of None

Was there an autopsy? None

What test confirmed diagnosis? Physical Examination

(Signed) W. H. Montague, M. D.

19 (Address) 1920 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 6-25-33

20 UNDERTAKER John M. Johnson

ADDRESS 1700 Druid Hill

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

91530 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 91530

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Edward Shaffer (Maud Shaffer)

(a) Residence: No. 2637 Barnard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Shaffer.

6. DATE OF BIRTH (month, day, year) July 5 1879.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME William Goldsborough

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Fannie Rice Gary

16. BIRTHPLACE (city or town) Baltimore
(State or country) Baltimore Md.

17. INFORMANT Lloyd M. Goldsborough Bro.
(Address) 1523 Arquitinst.

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hanover Date June 26 1933

19. UNDERTAKER Walter Dayne
(Address) 2118 Eutaw Ave

20. FILED Huntington Williams M.D.
JUN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24. 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-19. 1933 to 6-24. 1933

I last saw h.... alive on 6-24. 1933 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventral Hernia Chronic	Cut...
Intestinal Obstruction	
Pernicious anemia	Cut...
Cholestasis Hepatis	1 wk.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.

(Address) Union Memorial Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91531

CERTIFICATE OF DEATH

E 91531

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md Gen. Hospital St. 9-01 Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Catherine Eastman

(a) Residence: No. 1627 E. 25 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME William Eastman

14. BIRTHPLACE (city or town) Idlewild (State or country) Md.

15. MAIDEN NAME Edith Bayney

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 26 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 29 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-21 1933 to 6-22 1933

I last saw her alive on 6-22 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	6/22/33
Generalized Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 6-22-33

What test confirmed diagnosis Pennington Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Traynor M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91532

CERTIFICATE OF DEATH

Registered No. 43-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4666 Pk Heights Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William [illegible]

(a) Residence: No. 4666 Pk Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Polonoy Son-in-law (Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place Shaw Goodale Date 6-26-33 19

19. UNDERTAKER [illegible] (Address) 1139 E Eager St Baltimore, Md

20. FILED 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/33. 19

22. I HEREBY CERTIFY, That I attended deceased from June 23 19 33 to June 23 19 33

I last saw him alive on June 23 1933 Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	6 Yrs
Other contributory causes of importance: Emphysema-Asthma	25 Yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2040 Eutaw

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 91533 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91533

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St., 19-01 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... dls. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dls.

2. FULL NAME Emanuel Baum

(a) Residence: No. 2437 Callow Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Jewish	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Esther Baum 1553

6. DATE OF BIRTH (month, day, year) Sept. 21, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month, day, year) Aug. 1932

11. Total time (years) spent in this occupation 25 4

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Max Baum

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Celia Elkan

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Hebrew Cem. Date 6-27/33 19...

19. UNDERTAKER Levy Bros. Inc.
(Address) 1439 E. Baltimore St.

JUN 25 1933 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to June 23, 1933

I last saw him alive on June 23, 1933 Death is said to have occurred on the date stated above, at 7:25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with metastasis	Aug. 1932

Other contributory causes of importance:

Name of operation Resection Rectum Date of Aug. 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Richard V. Hoover, M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91534 E 91534 × 45

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. 16-04 St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Konstanty Kluczyk

(a) Residence: No. Severn (Usual place of abode) Md., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Jozefa Kluczyk

6. DATE OF BIRTH (month, day, year) ? 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jozefa Kluczyk (Address) 1625 E Pratt Street

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date June 26th 1933

19. UNDERTAKER George A. Weber (Address) 705 S Ann Street Huntington Williams-Nice Funeral Dir.

20. FILED JUN 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933 to June 23, 1933

I last saw him alive on June 23, 1933 Death is said to have occurred on the date stated above, at 8.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Jaw	?
Carcinoma of Spine (Metastatic)	?
General carcinomatosis metastases to Abdominal Organs	?
Other contributory causes of importance:	
Chronic Nephritis	?
Generalized Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. Peter J. Lerner M. D.

(Address) West Baltimore Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M 25 1933

M. D. B. 1268-9

E 91535

91535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N. Hilton St. 21 Ward)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Zbrzuch

(a) Residence: No. 318 N. Hilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara A. Zbrzuch

6. DATE OF BIRTH (month, day, year): Oct 3, 1868

7. AGE: Years 64 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Mathias Zbrzuch

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Annie Pepsens

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Clara A. Zbrzuch
(Address): 318 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: June 27, 1933

19. UNDERTAKER: A. Randall Evans
(Address): 38 E. Fort Ave

20. FILED: JUN 27 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24, 1933

22. I HEREBY CERTIFY, That ..... attended deceased from Dec 1, 1932 to June 24, 1933

I last saw him alive on June 24, 1933 Death is said to have occurred on the date stated above, at 12-45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 1932
Other contributory causes of importance:	
Exhaustion	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. Campbell M. D.

(Address) 1644 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 91536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91536

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wentworth Apts St., 4-01 Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth, yrs. mos. ds.

2. FULL NAME Walter A. Lee

(a) Residence: No. Wentworth Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel Coales Lee

6. DATE OF BIRTH (month, day, year): July 16 1857

7. AGE: Years 75 | Months 11 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: State Roads Com.

10. Date deceased last worked at this occupation (month and year): June 19 33

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Phila Penna

FATHER

13. NAME: Dr. Walter F. Lee

14. BIRTHPLACE (city or town) (State or country): Lancaster Pa

MOTHER

15. MAIDEN NAME: Louise Cassade

16. BIRTHPLACE (city or town) (State or country): Paris France

17. INFORMANT: Mrs Mabel C. Lee (wife)
(Address) Wentworth Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster Pa Date June 26 1933

19. UNDERTAKER: Frank H. Kost & Co.
(Address) Lexington & Howard Sts.

20. FILED: June 27 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22 1933 to June 24 1933

I last saw him alive on June 24 1933 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?

Other contributory causes of importance: Senility Age Hot Weather

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Lee M. D.

(Address) Wentworth Apts

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 91537

E 91537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 N. Bond Street St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 Years yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ellen Maria Gordon

(a) Residence: No. 1307 N. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick S. Gordon

6. DATE OF BIRTH (month, day, year) Jan. 10, 1844.

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
89	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lowell Mass.

FATHER

13. NAME Moses Kimball

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME ? Bartlett

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT (Address) Miss Edith Gordon 1367 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date June. 26. 1933

19. UNDERTAKER George J. Kuth Inc

(Address) 1735 Eutaw Pl. Washington Williams, Reg. 1933

20. FILED JUN 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan'y 1 1933. to June 23. 1933.

I last saw her alive on June 23. 1933. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan'y 33
Other contributory causes of importance: Edema Lungs -	June 22 33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91538

HEALTH DEPARTMENT—CITY OF BALTIMORE 91538

CERTIFICATE OF DEATH

6/22-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Leroy Lawrence

(a) Residence: No. Valley Lee · St Marys Co Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Ofb

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Walter Lawrence

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Carrie Mason

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place H.S. of Christ Com 6/26, 1933

19. UNDERTAKER H. C. Mattingly
(Address) Leonardtown Md
Funeral Director & Embalmer

20. FILED
JUN 25 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/23, 1933, to 6/24, 1933. I last saw h alive on 6/24, 1933. Death is said to have occurred on the date stated above, at 6 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated right Inguinal hernia	5 days
Intestinal obstruction	6 days

Other contributory causes of importance:

Name of operation Herniotomy & Enterotomy Date of 6/23/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H H Goodson, M. D.

(Address) Leroy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91539 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91539

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital Registered No. X-46

CITY OF BALTIMORE: (No. 1200 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. — mos. 18 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Walker

(a) Residence: No. 128 Broadway St., Marysville, Tenn. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Thomas Walker

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Martha Caffe

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Deceased

(Address) 128 Broadway.

18. BURIAL, CREMATION, OR REMOVAL

Place Marysville, Tenn Date 6/25, 1933

19. UNDERTAKER Henry H. Mears and Son

(Address) 505 N. Calvert St.

Huntington Williams Co

JUN 25 1933

Via American Railway Express

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to June 25, 1933

I last saw h— alive on June 22, 1933 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ia Perforated peritonitis	6/24/33
Following operation	
for Carcinoma of	
Sigmoid-rectum colon and	
stomach with gastro	
colic fistula	

Other contributory causes of importance:

Name of operation Resection of stomach and transverse colon Date of 6/20/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas M. Stinson, Jr. M. D.

(Address) Union Memorial Hosp.

M. D. R. 1268-9

E 91540 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91540

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Caroline & Block St., 3-91 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth * yrs. mos. ds.

2. FULL NAME Joseph Kelly Sr

(a) Residence: No. 606 S. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 25 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8 7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Kelly Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rosa Kalb

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Kimmele
(Address) 505 N Eutaw

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 26 1933

19. UNDERTAKER John C. Miller
(Address) 2335 E. Monument St

Filed JUN 26 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Acetabulum	
Drowning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury June 23 1933

Where did injury occur? Block & Caroline
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Drowned

Nature of injury Probably Accidental

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Joseph Sieman M. D.
Coroner

(Address) 1302 N Fulton Ave

M. D. B. 1268-9

91541

HEALTH DEPARTMENT—CITY OF BALTIMORE

91541

CERTIFICATE OF DEATH

X 186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas J. Steele

(a) Residence: No. 1 Wash Courts Pace St St., ... Ward. Indiana

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 2nd

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME John Steele

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Frank Steele

(Address) Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place St Louis Date June 24 33

19. UNDERTAKER John C. Miller

(Address) 2435 E. Monument Huntington Wilbanks, N.Y.

No. FILED JUN 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h... alive on ..... 19 .. Death is said to have occurred on the date stated above, at 2:40 m.

The principal cause of death and related causes of importance were as follows:

Cancer of Prostate

Date of onset

Other contributory causes of importance:

Fracture of L Neck

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down stairs

Nature of injury Fracture L Neck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) ..... Coroner M. D.

(Address) 605 Patterson Park Ave

M. D. B. 1268-9

91542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127 E 91542

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Patapsco St. 23-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H Mitchell

(a) Residence: No. 1514 Patapsco St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18. 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles J Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Bessie F Doherty

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles J Mitchell
(Address) 1514 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel Date 6/26 1933

19. UNDERTAKER Margaret G Flynn
(Address) 1422 Hollins St

20. Filed ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18. 1933 to June 25 1933
I last saw h... alive on June 24. 1933 Death is said to have occurred on the date stated above, at 12.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	not known

Other contributory causes of importance:

acute Pulmonary oedema	2 hours

Name of operation none Date of ...
What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Edward Norris M. D.
(Address) 107 East west street

OCT 27 1933

M. D. B. 1268-0

E 91543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91543

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 (Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Washington

(a) Residence: No. 935 Linden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: negro

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced (or) WIFE of: Wm Washington

6. DATE OF BIRTH (month, day, year): June 5-1883

7. AGE: Years 45 (50) | Months | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Cumberland Co Md

FATHER

13. NAME: Wm Coleman

14. BIRTHPLACE (city or town) (State or country): Carlyle Line Md

MOTHER

15. MAIDEN NAME: Cathrine Vollen

16. BIRTHPLACE (city or town) (State or country): Penn Line Co Md

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6-26-33

19. UNDERTAKER: Deford Earhart
(Address) 24 Paca St.

20. FILED JUN 26 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-33

22. I HEREBY CERTIFY, That I attended deceased from 5-8-33 to 6-22-33

I last saw her alive on 6-22-33 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	Jan 1933
Secondary Anemia	
Other contributory causes of importance:	
Bronchopneumonia	June 1933

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Schaeffer M.D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91544

CERTIFICATE OF DEATH

Registered No. 157-004

1. PLACE OF DEATH Franklin Square Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 23-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Cimino

(a) Residence: No. 20 East West St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmle	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 14 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Joseph Cimino

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Josephine

16. BIRTHPLACE (City or town) Italy
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date 6-26 1933

19. UNDERTAKER E & B Hartz
(Address) 113 E Fayette St

FILED Huntington Williamson Mar. 1933

JUN 26 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933 to June 24, 1933

I last saw her alive on June 24, 1933. Death is said to have occurred on the date stated above, at 11:15 p m.

The principal cause of death and related causes of importance were as follows:

Respiratory failure due to Congenital malformation of head

Date of onset

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Norma C. Schreiber M. D.

(Address) Franklin Square Hospital

M. D. B. 1208-9

4706 Pfalzgraf ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91545 E 91545

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Rosedale Ave Ward) 27-01

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louisa F. Pfalzgraf

(a) Residence: No. 3308 Rosedale Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Chas. F. Pfalzgraf

6. DATE OF BIRTH (month, day, and year) Sept 29 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Chas Holzemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Gable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Pfalzgraf
(Address) 4214 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 24 - 1933

19. UNDERTAKER F. B. Stephens & Son
(Address) 1200 Eutaw Place

20. FILED JUN 26 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 - 1930 to June 22 - 1933

I last saw her alive on June 22 - 1933 Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Other contributory causes of importance: Arteriosclerosis & Hypertension	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Chas Sturm M. D.

6/24/33 (Address) 4706 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91546

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3000 Granada Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert McClure

(a) Residence: No. 3000 Granada Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. McClure

6. DATE OF BIRTH (month, day, year) Mar. 14, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME George McClure

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Jenine Warren

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Mrs. Martha C. DeHoff

(Address) 3000 Granada Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Cem. Date June 26, 33

19. UNDERTAKER Wm. Wickes Sons

(Address) Lord & Paves.

N 26 1933 Huntington Williams Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1933, to 6-23, 1933

I last saw him alive on 6-23, 1933 Death is said to have occurred on the date stated above, at 11.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs
Cardiac asthenia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry Harrold M. D.

(Address) 3902 Groveland Ave

Instructions on back of certificate.

M. D. B. 1268-9

✓ M E 91547

E 91547 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

213

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (Sanitarium, Hospital, etc.) Jud General Hosp 16-01 (St. ..... Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ira Napoleon Coulbourn

(a) Residence: No. 1119 Longwood Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of ~~Wife of~~ Novella M. Sledge Coulbourn

6. DATE OF BIRTH (month, day, year) Sept 2nd 1883

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Mail S.S. Line

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hoboken, N.J.

FATHER

13. NAME Ira N.B. Coulbourn

14. BIRTHPLACE (city or town) (State or country) Marion Sta. Md.

MOTHER

15. MAIDEN NAME Florence Tull

16. BIRTHPLACE (city or town) (State or country) Kaingston, Md.

17. INFORMANT Mrs N.M. Coulbourn
(Address) 1119 Longwood St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date June 26 1933

19. UNDERTAKER W. J. Tschudy & Son
(Address) Funeral Directors Huntington Ave Baltimore, Md.

JUN 26 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....
I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Fractured Skull	
Fracture 3-4-5 Ribs	
Shock & Lacerating Chain.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? Truck Cargo Chain
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Schuh M. D.
Coroner

(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91548

131 E 91548

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Clement St. St., 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stefan Budny

(a) Residence: No. 400 Blk, 439 Cornwall St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Budny

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Budny

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Helen Budny Wife

(Address) 1538 Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date June 27 1933

19. UNDERTAKER F. W. Bozanski

(Address) 1930 Eastern Ave.

20. FILED JUN 28 1933 19.. [illegible] (Signature)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1932 to June 23, 1933.

I last saw h.. alive on June 23, 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1932
" - Myocarditis	1932
Cardiac Hypertrophy	1932

Other contributory causes of importance:

Coronary thrombosis	June 20 1933

Name of operation None Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. A. Nicholson M. D.

(Address) 2230 Eutaw Pl.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91549

CERTIFICATE OF DEATH

93-E 91549

Registered No. 93-802

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital. St. 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter E. Ring.

(a) Residence: No. 1848 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXX Hester Ring.

6. DATE OF BIRTH (month, day, year) August 18, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Retired clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter C. Ring.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie McEvoy.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Richard E. Ring. (son)
(Address) 1848 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem Date 6/26, 1933

19. UNDERTAKER Geo. A. Farley
(Address) Fulton & Fayette Huntington, W. Va.

20. [illegible] Registrar.

JUN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, 8.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Reinhardt Coroner, M. D.

6/24/33 (Address) 1017 E. Charles St.

M. D. B. 1268-0

B 91550

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 91550

CERTIFICATE OF DEATH

Registered No. 152

1. PLACE OF DEATH Md. General Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marlin Loose

(a) Residence: No. 1410 Ridge Road St., ... Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	1	9 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School b.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Charles A. Loose.

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Kate P. Chamberlain

16. BIRTHPLACE (city or town) Balt. (State or country) Md.

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Cem. Date June 26 1933

19. UNDERTAKER Harry D. Smith
(Address) 101 E. Lanvale St.

20. FILED JUN 26 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-20 , 1933, to 6-23 , 1933

I last saw him alive on 6-23 , 1933. Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Perineal Area	6
Mass of Lymphadenitis	6-14-33
	6-20-33

Other contributory causes of importance:

Streptococcus Septicemia	6-15-33

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-0

91551 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91551

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 22-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Lowenthal

(a) Residence: No. 729 S. Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Solomon Lowenthal

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Muerlein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Solomon Lowenthal

(Address) 729 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Date June 26, 193

19. UNDERTAKER S. Levinson Bro

(Address) 1127 E. Fulton St.

Huntington Williams, M.D.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency (Myo)	
Other contributory causes of importance:	
Uhr Nephritis	?
Arteriosclerosis	1918

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

E 91552

E 91552 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St. 27-al Ward)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George Hochadel

(a) Residence: No. 2904 Ailsa Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Produce dealer

9. Industry or business in which work was done, as mill, mine, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Hochadel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Brennan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Joseph Bitz

(Address) 2904 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date June 27 . 1933

19. UNDERTAKER Kenny-Ford & Sons Inc

(Address) 1301 E. Eager St

20. FILED JUN 26 1933 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 . 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23 . 1933 to June 24 . 1933.

I last saw h alive on June 24 . 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	7
Prostatic Hypertrophy & obstruction	
Uraemia	9

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) S. W. Wagenseller M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 91553

164-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1107 Rutland Ave St., 8-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew H. Crosby

(a) Residence: No. 1107 Rutland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine (Rhode) Crosby

6. DATE OF BIRTH (month, day, year): June 20/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gas Meter Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Louis Crosby

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

MOTHER

15. MAIDEN NAME: Jennie -------

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mabel Kaplan (daughter)

(Address): 1107 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Date: June 17 19 33

19. UNDERTAKER: Henry Reed (Colored)

(Address): 1301 E Eager St

Signature of Undertaker or Licensed Assistant: [illegible]

Residence: [illegible]

N 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide — Date of injury ... 19 ...

Where did injury occur? 1107 Rutland Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: in home

Manner of injury: Detached hose from heater 2nd floor

Nature of injury: near bed in rear room.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) [signature] Coroner, M. D.

(Address) 508 E Fayette

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

91554 ✓ E 91554

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Carmelite Convent Biddle & Caroline St 10-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mother Joanna of the Heart of Jesus (Josephine Sweeringer)

(a) Residence: No. Biddle & Caroline St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16 1845

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
88	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Nun
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME James Sweeringer
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Margaret McLane
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Records of Carmelite Convent
(Address) Biddle & Caroline

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date June 27 1933

19. UNDERTAKER Henry Koch & Sons Inc
(Address) 1301 E Fayette St

20. FILED 1933 Huntington Williams Reg.
JUN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to June 25, 1933
I last saw h[illegible] alive on June 25, 1933. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	5 yrs
Chronic Nephritis	5 yrs

Other contributory causes of importance: Senility about 10 yrs

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91555

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 E. 32nd St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? 88 yrs. mos. ds.

2. FULL NAME KATHERINA BOBB

(a) Residence: No. 1800 E. 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Bobb

6. DATE OF BIRTH (month, day, year) October 14, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Angst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosena ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John Bobb (Son)

(Address) 1800 East 32nd Street

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem. Date June 27, 1933

19. UNDERTAKER HENRY SANDER & SONS, INC. J. Sander, Mgr.

(Address) Baltimore St. & Broadway.

20. FILED 26 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22 19 33 to June 24 19 33

I last saw h[illegible] alive on June 22 19 33 Death is said to have occurred on the date stated above, at 8.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	June 22.
Other contributory causes of importance: Senile Age	
Cystitis	

Name of operation Date of

What test confirmed diagnosis? Dy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Meyer M. D.

(Address) 1720 E. 32nd St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91556

CERTIFICATE OF DEATH

91556

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Rudolph Walter

(a) Residence: No. (None) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 80	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Abraham Walter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Marx

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date 6-26- 1933

19. UNDERTAKER Jos. Levy Son Inc
(Address) 739 E. Balto St.

20. FILED 19 [illegible] Registrar

JUN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12 1933 to June 25 1933

I last saw him alive on June 25 1933. Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic - Hypertensive Heart Disease	?

Other contributory causes of importance:

Cerebral Hemorrhage & Hemiplegia	2 wks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. P. Magill, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91557

E 91557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl albrecht

(a) Residence: No. 351 N. Calvert St., Ward. of Hebbronville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Millie albrecht

6. DATE OF BIRTH (month, day, year) 8/9/1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Label worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl albrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Vatterberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 28 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

Huntington Williams, Mgr

UN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/25 19 33 to 6/25 19 33

I last saw him alive on 6/25/33 19 Death is said to have occurred on the date stated above, at 4 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of bladder with metastases	3 mos.
Other contributory causes of importance:	

Name of operation Cystoscopic Date of 6/1/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond F Helfrich M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1288-2

E 91558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91558

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No.) St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Goodman

(a) Residence: No. 3151 Elmosa ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas Goodman

6. DATE OF BIRTH (month, day, year) July 24th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9 11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Nelson Rozier

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Halbert

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Goodman

(Address) 3151 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 28 1933 Wm Cook for Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/24/33, 19.., to 6/25/33, 1933

I last saw h er alive on 6/25/33, 1933. Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cervical adenitis	1 wk
agranulocytic Angina	6/19/33

Other contributory causes of importance:

Lues	Jan 1933
Chronic cholecystitis & cholelithiasis	5 yrs

Name of operation Date of -28-

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

R 91559 E 91559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Nellie Gittings

(a) Residence: No. 2425 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND~~ (or) WIFE of Andrew Jackson Gittings

6. DATE OF BIRTH (month, day, year) April 24th 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife D7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0.7

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

13. NAME Henry Werner

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME A. Katherine Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Andrew J. Gittings

(Address) 2425 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED June 29 19 33 Wilmington Delaware [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 . 1933 to June 24 . 1933

I last saw her alive on June 24 1933 Death is said to have occurred on the date stated above, at 11.25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri	?
Metastatic carcinoma throughout pelvis	

Other contributory causes of importance:

Toxaemia
Intestinal anaemia

Name of operation Panhysterectomy Date of 9-23-31

What test confirmed diagnosis? Ex plor lap Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Wagenseller jr. M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

91560 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 91560

CERTIFICATE OF DEATH

X 144-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 (Ward)

Length of residence in city or town where death occurred 30 yrs. 11 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia Carnaghan

(a) Residence: No. Willoughby Rd. Parkville St. Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Edwin Carnaghan

6. DATE OF BIRTH (month, day, year) Aug. 5, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 6-22-33

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Eller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Norwick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Carnaghan

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date June 26th 1933

19. UNDERTAKER Wm Ouk & Son 207 St Paul St

(Address)

20. FILED ..... 19..... by ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-33

22. I HEREBY CERTIFY, That I attended deceased from 6-23-33 19..... to 6-24-33 19..... Death is said

I last saw her alive on 6-24-33 19..... to have occurred on the date stated above, at 9:40 m.

The principal cause of death and related causes of importance were as follows:

Postpartum Hemorrhage (Con.) — Date of onset 6-23-33

Other contributory causes of importance:

Chronic interstitial nephritis — ?

Thyrotoxic — ?

Name of operation Uterus packed Date of 6/24/33

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Raymond F. Stafford M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. P. R. 1268-6

E 91561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91561

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH Md. Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 20-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ella May McDaniel

(a) Residence: No. 1847 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo. L. McDaniel

6. DATE OF BIRTH (month, day, year) Dec 1st 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME James McGowan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Belvin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Geo. L. McDaniel
(Address) 1847 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date June 28th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-33 19

22. I HEREBY CERTIFY, That I attended deceased from 6-9-33 19... to 6-24-33 19... Death is said I last saw him alive on 6-24-33 19... to have occurred on the date stated above, at 7:50 P m.

The principal cause of death and related causes of importance were as follows:

1 Cholecystitis — Date of onset
Cholelithiasis

Other contributory causes of importance:

Chronic Nephritis

Name of operation Cholecystectomy Date of 6-17-33

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M.D.
(Address) Md. Gen. Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91562

137-003

E 91562

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 E. Fayette St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J. Landin

(a) Residence: No. 3106 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Child

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) June 18, 1933

7. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert P. Landin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Shaina

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. J. J. Ingino
(Address) 3106 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Date June 26, 1933
Place Louden Park

19. UNDERTAKER John A. Morgan
(Address) 3000 E. Baltimore St.

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933 to June 25, 1933

I last saw h— alive on June 25, 1933 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset June 25, 33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Christos Antipas, M. D.

(Address) 2942 E. Fayette St.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-2

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91563

CERTIFICATE OF DEATH

E 91563

183 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Lemon St. St. 20-01 Ward)

Length of residence in city or town where death occurred 41 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hunter Joseph Romm.

(a) Residence: No. 1908 Lemon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Margaret Romm.

6. DATE OF BIRTH (month, day, year) December 5, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer. 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Romm.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lillian Summers.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Romm. (wife)

(Address) 1908 Lemon St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date June 27- 1933

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

20. FILED JUN 26 1933 By Huntington Williams, M.D. Registrar 6/28/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning while taking a bath in a bath tub,

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/22/33

Where did injury occur? 1908 Lemon St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Drowning.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Noll Reinhardt, M. D.

(Address) 1017 E. Charles St. Coroner

6/28/33

M. D. B. 1268-9

E 91564 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91564

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. To-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ladonna Fischer

(a) Residence: No. 406 E. Macon St. St., 24 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Dec-2-1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Regel

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Agnes Fischer, Mother (Address) 406 E. Macon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date June 27, 1933

19. UNDERTAKER Lillye Zeiler Inc. (Address) 205 S. Wolfe St.

FILED JUN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933 to June 24, 1933

I last saw her alive on June 24, 1933 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardiac valvular disease:	
Mitral stenosis and insufficiency	
Aortic insufficiency	
Cardiac hypertrophy	
Chronic nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Katzenstein, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 91565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91565

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Glenmore Avenue St. 27-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Franklin Bentley, Sr.

(a) Residence: No. 3021 Glenmore Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Elizabeth Bentley

6. DATE OF BIRTH (month, day, year): May 5, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Special Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B. and O. RR 073

10. Date deceased last worked at this occupation (month and year): January 1933

11. Total time (years) spent in this occupation: 49 yrs

12. BIRTHPLACE (city or town) (State or country): near Zanesville Ohio

FATHER

13. NAME: William Bentley

14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER

15. MAIDEN NAME: Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: Mrs. Clara E. Bentley
(Address): 3021 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Cem. Date: June 26 '33

19. UNDERTAKER: Joseph Cook
(Address): 1007 W. Baltimore St.

20. FILED: JUN 27 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933 to June 23, 1933. I last saw h[illegible] alive on June 23, 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism — Date of onset

Other contributory causes of importance: Pernicious anaemia

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Clara E. Bentley, M. D.

(Address) 4706 Harford Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91566

91566

CERTIFICATE OF DEATH

96

Registered No. 22-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Heinbuch.

(a) Residence: No. 3305 Virginia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 11, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman. 032

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Fire Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Heinbuch.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine Erlicher

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mable Litz. (sister)
(Address) 3305 Virginia.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date June 22 1933

19. UNDERTAKER John Heinbuch
(Address) Penn Ave. nr. Lafayette Ave.

20. FILED JUN 26 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

Ruptured Aneurysm of Abdomnal Aorta.

Date of onset 6/24/33.

Other contributory causes of importance:

Arteriosclerosis

Name of operation None. Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos. Pinkard Coroner, M. D.

6/26/33 (Address) 1017 E. Charles St.

Spec.—1-30—M. & T.—250 Bks

E 91567

E 91567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Pitcher St. 12-01 WARD)

2-FULL NAME Joseph T. Robinson

(a) RESIDENCE NO. 1708 Pitcher St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed or divorced HUSBAND of or) WIFE of Lula Robinson

6 DATE OF BIRTH (month, day, and year) 1884.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Lula Robinson

(Address) 1708 Pitcher St.

15 Filed JUN 25 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1933

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to June 23, 1933, that I last saw h— alive on June 23, 1933, and that death occurred, on the date stated above, at 2:50 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

Arteriosclerosis

Hypertension

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) Garland Connelly M.D.

June 26, 1933 (Address) 1334 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL June 27, 1933

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 Schroeder St

M. D. B. 1968-9

91568

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91568

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 S. Payson St., 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Leibold,

(a) Residence: No. 412 S. Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie K. Leibold.

6. DATE OF BIRTH (month, day, year) April 27, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Leibold,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew N. Leibold

(Address) 3710 Gwinn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date JUN 28 1933

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave.

JUN 29 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1932, to June 25 1933.

I last saw h.i.m alive on June 25 1933. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Influenza	

Other contributory causes of importance:

Extreme heat of weather

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. H. Shriver, M. D.

(Address) 714 Park Ave Balt. Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 791569 (81) E 791569 V 159 E 91569

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Bell

(a) Residence: No. 1406 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/10/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			2 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Bell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Roberts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Md Memorial Cemetery Date June 12 1933

19. UNDERTAKER
(Address)

[illegible] 1933

6 1933 0581

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to June 10, 1933
I last saw her alive on June 10, 1933 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dan G. Kuttner M. D.
(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

E 91570

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91570

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St. [illegible] (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Page
(a) Residence: No. 541 Robert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs.	min.
		1 day	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Cecil Thomas
14. BIRTHPLACE (city or town) (State or country) Hatteras

MOTHER
15. MAIDEN NAME Frances Page
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date June 26, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Huntington Williams [illegible]

26 1933 0583

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to June 19, 1933
I last saw him alive on June 19, 1933 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6/17/33

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Lazar A. Lack M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1268-9

91571

HEALTH DEPARTMENT—CITY OF BALTIMORE

91571

CERTIFICATE OF DEATH

Registered No. 122-001

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1512 Eden St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Brown

(a) Residence: No. 1338 W. Lafayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Grace Brown

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Jeff Brown

14. BIRTHPLACE (city or town) (State or country) Va Balto md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Grace Brown

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Jun 26 1933

19. UNDERTAKER [redacted]

(Address)

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/33

22. I HEREBY CERTIFY, That I attended deceased from June 8 1933 to 6-24 1933.

I last saw h[illegible] alive on 6/24 1933 Death is said to have occurred on the date stated above, at 4:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation + Dilatation	June 1933
Alcoholism	
Other contributory causes of importance:	
Inguinal Hernia	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

JUN 26 1933 [illegible] 6584

AdCo. 5-31 250B

E 91572 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91572

24v

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Myrtle Ave St., 17-81 Ward).

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Earnestine Crowner

(a) Residence: No. 1233 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME Sylvester Crowner
14. BIRTHPLACE (city or town) Shreveside, (State or country) Md
15. MAIDEN NAME Marie Smith
16. BIRTHPLACE (city or town) Exmore (State or country) Va

17. INFORMANT Fannie Stevens
(Address) 1233 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkerton C. Va Date June 28, 1933

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 Lehmann St.

20. DATE RECEIVED 26 1933, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to June 25, 1933

I last saw her alive on June 23, 1933 death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas (Tuberculosis)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) 2134 [illegible]

M. D. B. 1268-9

91573 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91573

124-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin B White

(a) Residence: No. 1705 W 41st St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiana White

6. DATE OF BIRTH (month, day, year) Dec 14-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph White

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah E. Reddicord

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edwin B. White
(Address) 1705 W. 41st St. Bl.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date June 28. 1933

19. UNDERTAKER Horace E. Bruce
(Address) 363 Fallsway

19 Signature Wilmington Williams Registrar.

26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/22/33 . 19 to 6/27/33 . 19

I last saw h[illegible] alive on 6/22/33 . 19 Death is said to have occurred on the date stated above, at 2:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cerebral Thrombosis	6/22/33
Non-Alcoholic	

Other contributory causes of importance:

Cardiac Failure	6/22/33

Name of operation Cholecystostomy Date of 6/24/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Hull M. D.

(Address) University Hospital

M. D. B. 1268-9

E 91574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91574

CERTIFICATE OF DEATH

V157-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6587 St Helena St., 46-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Ruble

(a) Residence: No. 6587 St Helena Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 1933

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 15 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Helena Md

FATHER

13. NAME Harry A Ruble

14. BIRTHPLACE (city or town) (State or country) Cons Pa

MOTHER

15. MAIDEN NAME Bernice S. Schriver

16. BIRTHPLACE (city or town) (State or country) Sparrow Point Md

17. INFORMANT Mrs Harry A Ruble

(Address) 6587 St Helena Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 26 1933

19. UNDERTAKER John F Denny

(Address) 715 Leg St

Filed JUN 27 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24th, 1933, to June 24th, 1933.

I last saw it alive on June 24th, 1933. Death is said to have occurred on the date stated above, at 1000 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hydrocephalus	
Congenital Malformations of extremities chest, eyes and external genitalia	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? P.E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Arnold Leander M. D.

(Address) Brunswick, Md

6 1933

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91575

CERTIFICATE OF DEATH

107-001 E 91575

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3012 N. Calvert Street St., 12-01 (Ward)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred 76 yrs. -- mos. -- ds. How long in U.S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Miss Alice Caughy

(a) Residence: No. 3012 N Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of ---------

6. DATE OF BIRTH (month, day, year) July 15, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER'S MAIDEN NAME

13. NAME John H. Caughy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth A. Caughy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mamie C. Funston
(Address) 3012 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. 6/27, 1933

19. UNDERTAKER Henry U. Mears and Son
(Address) 805 N. Calvert St.

Filed JUN 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933, to June 25, 1933

I last saw her alive on June 25, 1933 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
dementia senilis (3d attack)	March 1933
Other contributory causes of importance: anhydremia, heat exhaustion	6/20/33
terminal bronchopneumonia	6/23/33

Name of operation none Date of

What test confirmed diagnosis? clinical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frankel Smith, Jr. M. D.

(Address) 927 N. Calvert Street.

M. D. B. 1268-9

E 91576 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91576

CERTIFICATE OF DEATH

Registered No.

(If a death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto Co Hospital (Ward)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L Kreis. (Col Ho Lippman Co)

(a) Residence: No. P.O Box #403 R.F.D. Dundalk Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/30 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME James Kreis.

14. BIRTHPLACE (city or town) (State or country) Tilleman Island Md.

MOTHER

15. MAIDEN NAME Mary Farrell

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary E Kreis
(Address) 511 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6 28 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Fort Av

27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/16/33 to 6/26 1933

I last saw him alive on 6/26 1933. Death is said to have occurred on the date stated above, at 2 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	4 mo

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Bruce Clark M. D.
(Address) Balto City Hosp

M. D. B. 1268-0

91577 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91577

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5502 Hamlet Ave Ward) 27-01

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mary Wurzbacher

(a) Residence: No. 5502 Hamlet Ave Ward. Hamilton
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Adolph H Wurzbacher

6. DATE OF BIRTH (month, day, year) Mar 18th 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Adolph H. Wurzburger

(Address) 5502 Hamlet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date June 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

(Signed) Huntington Williams N.T.

JUN 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933 to June 25 1933

I last saw h. alive on June 25 1933 Death is said to have occurred on the date stated above, at 9 10 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset about 7 years

Other contributory causes of importance:

Arterio Sclerosis — about 7 years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Hamilton Baltimore Md

M. D. B. 1268-9

91578

E 91578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 16-01 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Jones

(a) Residence: No. 914 S. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Aug 12, 1880

7. AGE: Years 53 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min. 1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: James Jones

14. BIRTHPLACE (city or town) (State or country): Hanover Co. Va.

MOTHER

15. MAIDEN NAME: Mary Dwyer

16. BIRTHPLACE (city or town) (State or country): Hanover Co Va

17. INFORMANT: Reg'd Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Wesley Chapel, Stockholm Date 6/28 1933

19. UNDERTAKER: [illegible]
(Address) 1217 E Fort Ave

[illegible] 19 [illegible]

JUN 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20 1933 to June 26 1933

I last saw h[illegible] alive on June 26 1933 Death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Other contributory causes of importance: Congestive failure	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Z. Magruder M. D.

(Address) Balto City Hosp

M. D. R. 1268-9

✓ E 91579

91579

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Feld

(a) Residence: No. 3510 Virginia Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack

6. DATE OF BIRTH (month, day, year) Sept. 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob King

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Celtesky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Workmen's Circle Cemetery Place 6 | 17 Date 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5 1933, to June 26 1933

I last saw her alive on June 26, 1933. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Valvular Disease	2 yrs
aortic & mitral stenosis	6 yrs
Cardiac Decompensation	2 yrs

Other contributory causes of importance:

Hypertension	3 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

7 1933

M. D. B. 1268-9

91580

HEALTH DEPARTMENT—CITY OF BALTIMORE

91580

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Hollins St. St. 20-01 Ward)

Length of residence in city or town where death occurred 35 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Kammer.

(a) Residence: No. 2008 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) March 12, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George A. Kammer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine Fehr.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Catherine Kammer. (mother)

(Address) 2008 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 6/27, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED JUN 27 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, 1 p.m.

The principal cause of death and related causes of importance were as follows:

Laceration of the brain.
Pistol shot wound of the head.
Suicide.

Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/24/33 19

Where did injury occur? 2008 Hollins St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Rinehardt M. D.
Coroner

6/26/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

91581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91581

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Massa (Massey)

(a) Residence: No. 757 N Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Massa

6. DATE OF BIRTH (month, day, year) Nov 10 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dale Md

FATHER

13. NAME Isaac W Holden

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER

15. MAIDEN NAME Mary Beaard

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

17. INFORMANT Pauline Scullion

(Address) 756 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 28, 1933

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S. Schroeder St.

20. FILED 27 1933 19 Huntington Williams Reg't.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Arteriosclerosis Hypertension	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) D. Pierce Scull M. D.
Coroner

(Address) 1 Bosley Ave Md

Spec.—1-10-21—M&T—1500 Bks.

E 91582

E 91582

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 418 N Carrollton ST. 18-81 WARD)

2-FULL NAME John Marshall

(a) RESIDENCE NO. 418 N Carrollton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Marshall

6 DATE OF BIRTH (month, day, and year) Dec 17-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker, ~~Sh~~

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer Jos Bisk Carrollton Co

9 BIRTHPLACE (city or town) (State or country) Vt. Vt.

PARENTS

10 NAME OF FATHER Lewis Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Same

12 MAIDEN NAME OF MOTHER Louis Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mary Marshall
(Address) 418 N Carrollton Ave

15 Filed JAN 27 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-24-1933

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933, to June 24, 1933,

that I last saw him alive on " ", 1933,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) T B of meninges Hydro

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

6/ (Signed) Bernard L. French, M. D.

6/26, 1933 (Address) 2329 Arunah Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL June 28, 1933

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N Schroeder St

M. D. B. 1268-9

E 91583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91583

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. Gilmor St. 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gloria Marie Mitchell

(a) Residence: No. 219 Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/15/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Joseph Mitchell

14. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME Julia Barnett

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Marion Hands

(Address) 219 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date June 27, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Gilmor St

... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/33

22. I HEREBY CERTIFY, That I attended deceased from 6/23/33, 1933, to 6/25/33, 1933

I last saw her alive on 6/24/33 Death is said to have occurred on the date stated above, at 4:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia (Primary)	6/22/33
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Hurley Jones, M. D.

(Address) 912 Gilmor St

M. D. F 1268-9

91584 HEALTH DEPARTMENT—CITY OF BALTIMORE 91584

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5502 Stonington St. 28-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frye Wyatt Bayley
(a) Residence: No. 5502 Stonington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary M. Bayley

6. DATE OF BIRTH (month, day, year) Feb. 6 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Enoch Bayley
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Isabella Travers
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Bessie B. Dennis
(Address) 5502 Stonington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem. Date June 29 1933

19. UNDERTAKER Oliver Hickey Sons
(Address) North Fulton

20. FILED JUN 27 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13 1933 to June 24 1933
I last saw him alive on June 24 1933. Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1932
Other contributory causes of importance: Intestinal Haemorrhage	June 24

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Drew Hammerslay M. D.
(Address) 3002 Gwynn Oak Road

M. D. P 1268-9

✓ E 91585

91585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Eutaw Pl St. 14-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Carroll

(a) Residence: No. 1604 Eutaw Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Ellen Carroll

6. DATE OF BIRTH (month, day, year) June 21-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Apt house owners

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patterson N. J.

FATHER

13. NAME Thos J. Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mamie J. Thompson

(Address) 3142 Aiken St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 29, 33

19. UNDERTAKER Wm J. Tucker Son

(Address) North & Penna Ave

20. FILED Huntington Williams M.D.

JUL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18 1933 to June 25 1933

I last saw him alive on June 25 1933. Death is said to have occurred on the date stated above, at 6.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928

Other contributory causes of importance:

Chronic Myocarditis	1931

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank C. Doyle M. D.

(Address) 1327 Mt. Royal Ave.

Spec.—1-12-23—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91586

E 91586

CERTIFICATE OF DEATH.

26

REGISTERED NO. 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Bond ST. 7-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Leonard Smith

(a) RESIDENCE NO. 813 Bond ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella Smith

6 DATE OF BIRTH (month, day, and year) 3-13-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marian Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Marion T. Smith (wife) 813 N. Bond Street

15 Filed 6 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-24-1933

17 I HEREBY CERTIFY, That I attended deceased from April, 1933, to June 24, 1933, that I last saw him alive on June 23, 1933, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of spine Lumbar (Spine)

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Nephritis Tuberculosis of spine and general

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. T. Young, M. D.

6/25 1933 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

DATE OF BURIAL June 27 1933

20 UNDERTAKER John M. Johnson

ADDRESS 1700 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Bks

E 91587 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91587

CERTIFICATE OF DEATH.

159

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1646 Gorsuch Ave ST. 9-Ward)

2 FULL NAME Baby Bailey

(a) RESIDENCE NO. 1646 Gorsuch Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25 33

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.
Newborn				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER George M. Lewis Bailey

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Gladelman

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Father
(Address) 1646 Gorsuch Ave.

15 Filed ..., 19 Huntingtn Williamsburg, N.Y.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 33

17 I HEREBY CERTIFY, That I attended deceased from June 25, 19 33 to June 25, 19 33
that I last saw her alive on June 25, 19 33
and that death occurred, on the date stated above, at 12 15 m.

The CAUSE OF DEATH* was as follows:

Premature Birth —
(5 months gestation)

(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George D. Dodson M. D.

, 19 (Address) 432 S. Patterson Park

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laborgt Johns Hopkins Anatomical

DATE OF ~~BURIAL~~ June 25 1933

20 UNDERTAKER None

ADDRESS

~~27 1933~~

M. D. B. 1268-9

1588

HEALTH DEPARTMENT—CITY OF BALTIMORE 1588

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Springfield Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta M. Leary

(a) Residence: No. 702 Springfield Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter C. Leary

6. DATE OF BIRTH (month, day, year) 12-28-1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quebec, Canada

FATHER

13. NAME J. Lougnedoc

14. BIRTHPLACE (city or town) (State or country) Quebec, Canada

MOTHER

15. MAIDEN NAME Henrietta M. Lougnedoc

16. BIRTHPLACE (city or town) (State or country) Quebec, Canada

17. INFORMANT Paul J. Leary
(Address) 702 Springfield Ave.

18. BURIAL, CREMATION, OR REMOVAL— Holy Cross Cem.
Place Philadelphia, Pa. Date June 28, 1933

19. UNDERTAKER Mary M. Mac Lofield
(Address) 3-01 Eutaw St. Baltimore Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 26, 1933

I last saw h[illegible] alive on June 26, 1933 Death is said to have occurred on the date stated above, at 11 9 m.

The principal cause of death and related causes of importance were as follows:

Bronchitis
Acute Cardiac Dilatation

Date of onset 5-24-33

Other contributory causes of importance:
Senility.

6-03-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Lougnedoc, M. D.

(Address) 704 York Road

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91589 100 E 91589

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Guilford Ave St. 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Matilda Floyd

(a) Residence: No. 701 Guilford Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Floyd.

6. DATE OF BIRTH (month, day, year) May 27 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54		29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cults Md.

13. NAME Peter Gustavus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Eberle

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Paul M. Gustavus
(Address) 701 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place W. Calvert Date June 28 1933

19. UNDERTAKER Hopkins Place
(Address) 420 N. Broadway

Huntington Williams, M.D.
Registrar.

JUN 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to June 26, 1933

I last saw her alive on June 25, 1933 death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

Encephalitis

Date of onset

Other contributory causes of importance:

Hemorrhoids

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Claud Sumwalt, M. D.

(Address) 4706 Hopkins Road

E 91590

M. D. B. 1268-9

E 91590 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Eastern Ave St. 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Snyder

(a) Residence: No. 2437 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lilly Snyder

6. DATE OF BIRTH (month, day, year) Oct. 12, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Lilly Snyder
(Address) 2437 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date June 28, 1933

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

JUN 27 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933 to June 26, 1933.

I last saw him alive on June 25, 1933 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestine (Transverse Colon)	May 24/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Caleb N. Fahey M. D.

(Address) 100 S. Patterson Park ave

M.D. No. E 91591

E 91591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 Fait ave. St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Emma Sommers

(a) Residence: No. 3726 Fait ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Sommers

6. DATE OF BIRTH (month, day, year) June 4 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	-	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0'7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John L. Schmeltzle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Callender

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Walter Sommers

(Address) 3726 Fait ave

18. BURIAL, CREMATION, OR REMOVAL

Sacred Heart of Mary Cem June 28, 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

JUN 27 1933 Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/26, 1933 to 6/25, 1933

I last saw h.. alive on 6/24 1933 Death is said to have occurred on the date stated above, at 6:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	
Myocarditis	
Endocarditis	
Other contributory causes of importance:	
Acute Cardiac Decompensation	

Name of operation - Date of

What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. C. Ennell M. D.

(Address) 633 S. Conkling

M. D. B. 1268-9

91592

HEALTH DEPARTMENT—CITY OF BALTIMORE

91592

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 50 S Fulton Ave 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret H. Zinkand

(a) Residence: No. 50 S. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. A Zinkand

6. DATE OF BIRTH (month, day, year): June 3 190[illegible]

7. AGE — Years: 27 — Months: 0 — Days: 21 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Paludis

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Mary Ruc

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Jos. A Zinkand

(Address): 50 S Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 6-28 19 33

19. UNDERTAKER: E & B Harlan

(Address): 115 E West St

20. FILED 6-27 19 33 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 1933 to June 23 1933.

I last saw her alive on June 23 1933. Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis about 2½ years in Sabillasville 3 years ago — Date of onset

Other contributory causes of importance:

Bronchopneumonia

Diagnosis confirmed in Sanatorium

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R. Smith M. D.

(Address) 927 N. Calvert St

M. D. B. 1262-0

91593

HEALTH DEPARTMENT—CITY OF BALTIMORE 91593

CERTIFICATE OF DEATH

54-005

Registered No.

1. PLACE OF DEATH West Baltimore General Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lakeland Ward 15 01

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Butler

(a) Residence: No. 2316 Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. S. Butler

6. DATE OF BIRTH (month, day, year) Feb 14 1904

7. AGE: Years 29 | Months 4 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. H. Willis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mabel Chaney

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Wm. S. Butler

(Address) 2316 Grove St

18. BURIAL, CREMATION, OR REMOVAL Savage M. E. Cem Date 6-30 1933

19. UNDERTAKER Bernard C. Harle

(Address) 1000 E. Pace St.

20. FILED JUN 30 1933 by [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933 to June 27, 1933.

I last saw h[illegible] alive on June 27, 1933 Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fibromata of Uterus	1931
Uremia	
Other contributory causes of importance: Asthma	

Name of operation Celotomy Date of 6/15/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hosp.

M. D. B. 1268-9

91594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91594

93-004

CERTIFICATE OF DEATH

Registered No. 91594

1. PLACE OF DEATH Church Home - Infirmary

CITY OF BALTIMORE: (No. 86-21 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARION F CONKLIN

(a) Residence: No. 415 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Conklin

6. DATE OF BIRTH (month, day, year) April 11 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired formerly Lath Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF Conklin

14. BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ St Marys Co Md

15. MAIDEN NAME Mary Kirby

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Margaret Conklin (Wife)

(Address) 415 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date June 28, 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1933, to 6-26, 1933

I last saw him alive on 6-26, 1933 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Coronary occlusion	?
Myocardial infarct	?
Myocardial insufficiency	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury None

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Webber Young, M. D.

(Address) Church Home Infirmary

Spec.—9 30—A. & Co.—250 Bks.

91595 HEALTH DEPARTMENT—CITY OF BALTIMORE

5/E 91595

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. 28-01 WARD)

2. FULL NAME Charles A. Euker

(a) RESIDENCE NO. 901 Walnut Ave. Reginald Hgts. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Elsie French

6 DATE OF BIRTH (month, day, and year) July 22, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Optician 67

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond, Va.
(State or country)

PARENTS

10 NAME OF FATHER Wm. C. Euker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Emillie Horn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. Alfred A. Euker
(Address) 3504 Edgewood Road

15 1933 19 Filed Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25/33

17

I HEREBY CERTIFY, That I attended deceased from 6/20, 1933, to 6/25, 1933

that I last saw him alive on 6/25, 1933

and that death occurred, on the date stated above, at 8:00 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of urinary Bladder
c metastasis to abdominal wall 1

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6/21/33

Was there an autopsy? no.

What test confirmed diagnosis? Biopsy

(Signed) Aloha H. Crowther M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Loudon Park Cemy.

DATE OF BURIAL 6/28/33

20 UNDERTAKER 1900

ADDRESS Eutaw Place

M. D. B. 1268-9

E 91596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91596

4/28

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Jay Barry Ullrich

(a) Residence: No. 704 Cathedral St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sally Rotenberg

6. DATE OF BIRTH (month, day, year) July 8 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Ullrich

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Sarah Cuth

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Lucie F. Ullrich

(Address) 704 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL

Place Mark Date June 29 1933

19. UNDERTAKER John O. Mitchell Estate

(Address) 1700 Eutaw Place

20. FILED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to June 27, 1933

I last saw h. alive on June 27, 1933 Death is said to have occurred on the date stated above, at 7:45 A.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of the pancreas	5-33
Peritonitis	6-22-33
Secondary hemorrhage	6-27-33

Other contributory causes of importance:

Name of operation Laparotomy Date of 6-22-33

What test confirmed diagnosis? ..... there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Dixon Mooney M. D.

(Address) University Hosp.

M. D. B. 1208-0

91597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 E 91597

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frances Waters

(a) Residence: No. Reisterstown, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 03 28 1929.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland.

FATHER

13. NAME Jack Johnes Waters Sr.

14. BIRTHPLACE (city or town) (State or country) Moyock North Carolina.

MOTHER

15. MAIDEN NAME Elizabeth P. Waters.

16. BIRTHPLACE (city or town) (State or country) Moyock North Carolina.

17. INFORMANT Mrs Elizabeth Waters.

(Address) Reynolds Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mayock. Va. Date June 28 1933

19. UNDERTAKER C. F. Gladhill

(Address) Middletown, Md.

20. FILED ... Registrar.

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 1933 to June 26 1933

I last saw h[illegible] alive on June 26 1933 Death is said to have occurred on the date stated above, at 4:- p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	

Other contributory causes of importance:

appendiceal abscess	
Peritonitis	
Intestinal obstruction	

Name of operation appendectomy Date of 6/21/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew M. France M. D.

(Address) University Hospital

M. D. B. 1265-9

91598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 E 91598

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S Duncan St. 2-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antonina Michalak

(a) Residence: No. 234 S Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martin Michalak

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Chmielewska

(Address) 234 S Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date June 28 1933

19. UNDERTAKER W. Bazanski

(Address) 1922 E Eager St Baltimore, Md

20. FILED 7-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	

Other contributory causes of importance

Uterine fibroma	

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Hemmeter M. D. Coroner

(Address) 1305 N Patterson Park Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91599

91599

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joe Dern

(a) Residence: No. 312 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Oriental	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Friends

(Address) Back. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cemetery Date June 28, 1933

19. UNDERTAKER John F. Kenny

(Address) 415 Light St.

27 1933 Huntingtown Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933 to June 25, 1933

Last saw him alive on June 25, 1933 Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	?

Other contributory causes of importance:

Intussusception	?
Myocardial failure	1 hr

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) T. B. Magruder M. D.

(Address) Back. City Hosp

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91600

CERTIFICATE OF DEATH

108 E 91600

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N. Saratoga St. St., 14-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cesar Hardy.(C)

(a) Residence: No. 1501 N. Saratoga St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) North Carolina.

13. NAME John Hardy.(C)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

15. MAIDEN NAME Emeline Johnson.(C)

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Martha Weaver.(C)

(Address) 1501 N. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cuba Date 6/28, 1933

19. UNDERTAKER Chas G. Cooke

(Address) 5147 N. Calhoun St Huntington Williams, N.D.

20. FILED 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Other contributory causes of importance:	

Name of operation No. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto M. Reinhardt Coroner M. D.

6/27/33 (Address) 1017 E. Charles St.

Spec. — 6-9-13 — H. P. Co. — 1000 Blks.

91601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 91601

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO 1903 Clifton ave ST. 15-01 WARD)

2-FULL NAME Margaret E. Jackson

(a) RESIDENCE. NO. 1903 Clifton ave ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? 42 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of James B. Jackson

6 DATE OF BIRTH (month, day, and year) 4-19-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	8	8	

8 OCCUPATION OF DECEASED Housewife 037

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Brunswick Canada

PARENTS

10 NAME OF FATHER Daniel Bent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Charlotte Hay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant (Address) Mrs Olive Bridges 1903 Clifton ave

15 Filed 6/27 1933 Huntington West Virginia

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-27 — 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28 1933, to June 27 1933, that I last saw her alive on June 27 1933 and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(duration) + yrs. 9 mos. + ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Charles E. Cleves M. D

(Address) 3214 Piedmont ave 6/27 1933

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baton Mar

DATE OF BURIAL 6/29 1933

20 UNDERTAKER H. Brauning Sons

ADDRESS 1176 Edmondson Ave

M. D. R. 1268-0

✓ E 91602

91602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Scholl Jr

(a) Residence: No. 746 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Harry Scholl

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Pauline Patschke

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Pauline Scholl

(Address) 746 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date June 29 19 33

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

19 ... Registrar

77933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933 to June 27, 1933

I last saw him alive on June 27, 1933. Death is said to have occurred on the date stated above, at 5.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	June 24
Acute Toxic Myocarditis	June 27

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

E 91603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. William S. Wilson (Louise Ewing Wilson)

(a) Residence: No. Belvedere Hotel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Sydney Wilson

6. DATE OF BIRTH (month, day, year) 9-7-56

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9 mo.	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME William Ewing

14. BIRTHPLACE (city or town) (State or country) Mo.

15. MAIDEN NAME Claiborne Berthold

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT daughter Mrs. Dorsey Stewart

(Address) 915 Bradenbaugh Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 28, 1933

19. UNDERTAKER Thomas McComb & Son

(Address) 1050 Mt. Auburn Ave.

20. FILED June 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-1-33, 1933, to 6-26-33, 1933

I last saw her alive on 6-26-33, 19... Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocard. d. t.	1925
Other contributory causes of importance:	
Bronchial pneumonia	6-19-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Hewlett M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-0

E 91604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91604

93-004

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4702 Garrison St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth 84 yrs. 1 mos. 10 ds.

2. FULL NAME Ella Lanzelere Lee

(a) Residence: No. 4702 Garrison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Geo. A. Lee

6. DATE OF BIRTH (month, day, year): May 16/849

7. AGE: Years 84; Months 1; Days 10; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Elton Md.

FATHER

13. NAME: Nicholas Lanzelere

14. BIRTHPLACE (city or town) (State or country): Hamilton Canada

MOTHER

15. MAIDEN NAME: Martha Mitchell

16. BIRTHPLACE (city or town) (State or country): Clayton Delaware

17. INFORMANT: E. W. Pipkin (Cousin)
(Address) Elton Md

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date June 28 1933

19. UNDERTAKER: Sheridan & Martin
(Address) 108 W. Mulberry St.

JUN 28 1933 Huntingtown Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1932 to June 26 1933

I last saw her alive on June 25 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Sclerosis — Date of onset .....

Chronic Arterial Hypertension — many years

Chronic Myocardial Insufficiency (preceding Oct 27) — .....

Other contributory causes of importance:

Natural senile decay

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carroll Lockard M. D.

(Address) 4 W Mosher St

M. D. B. 1268-9

91605

HEALTH DEPARTMENT—CITY OF BALTIMORE

91605

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 V Belmont St 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 50 yrs. 10 mos. 0 ds.

2. FULL NAME Henry Raymond Pollak

(a) Residence: No. 2929 Belmont St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvina J. Pollak

6. DATE OF BIRTH (month, day, year) Aug-27-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R.-Pa. Dept.

10. Date deceased last worked at this occupation (month and year) June 22 1933

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Columbus Ohio

FATHER

13. NAME Marcus J. Pollak ? ?

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Louisa M. Wasmer ? ? ?

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs M. J. Pollak (wife)

(Address) 2929 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June-29 1933

19. UNDERTAKER Stewart Mortuary Co.

(Address) 1201 N. Howard St.

20. FILED JUN 29 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27-. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7/32 1932 to June 27/33. 19.....

I last saw h.. alive on June 27 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Nov-1932
acute dilitation of Heart —	June 27/33
Other contributory causes of importance	
Myocarditis	Nov 1932

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter L. Hubbard M. D.

(Address) 2220 Garrison Blvd

M. D. B. 1268-9

1606

HEALTH DEPARTMENT—CITY OF BALTIMORE 21606

CERTIFICATE OF DEATH

Registered No. 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Wyds Hosp St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie White

(a) Residence: No. 4672 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William White

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke Va

FATHER

13. NAME Thomas Robinson

14. BIRTHPLACE (city or town) (State or country) Roanoke Va

MOTHER

15. MAIDEN NAME Bell Taylor

16. BIRTHPLACE (city or town) (State or country) Roanoke Va.

17. INFORMANT Wm. White (Address) 4672 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 6-28 1933

19. UNDERTAKER Daniel Easton (Address) 416 Pennsylvania Ave Huntington West Virginia

20. FILED 6-28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7 1933 to June 25 1933

I last saw her alive on June 25 1933 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Toxemia

Name of operation Enterostomy Date of 6/11/33

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kermond M. D.

(Address) Mt Wyds Hosp

Cor.—10-10-29—A Co.—100 Bks.

91607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91607

178-002

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St., 11-01 Ward)

2-FULL NAME Claribel Hampton

(a) RESIDENCE NO. Braxton Apts. Park Ave. & Chase St. St., Ward

(Usual place of abode) Baltimore (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 27, 1899

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	33	5	29 30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Public Health Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) Public Health Dept.
(c) Name of employer City

9 BIRTHPLACE (city or town) Sylvia
(State or country) N. C.

PARENTS

10 NAME OF FATHER Rowley Hampton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Belle Ross

13 BIRTHPLACE OF MOTHER (city or town) New York
(State or country) Hospital Records

14 Informant
(Address)

15 [illegible] Hunting for Williamsburg, Va.

JUN 28 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Respiratory Failure Edema of Lungs Congestion (Accidental)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-26-33

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H. Morrison M. D.

6/27 1933 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jamestown, N. Y.

DATE OF BURIAL 6/29/33 19

20 UNDERTAKER Harry A. Dietz & Co.

ADDRESS 1101 Eutaw St. Cor. Lanvale

M. D. B. 1268-9

1608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51608

CERTIFICATE OF DEATH

Registered No. 86-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2828 Christopher St., Que Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian M. Reichert

(a) Residence: No. 2828 Christopher St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced: BUSBAND of (or) WIFE of Henry H. Reichert

DATE OF BIRTH (month, day, year) June 27/1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John T. Barber

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Minnie F. Gessels

16. BIRTHPLACE (city or town) (State or country) Oldenburg, Germany.

INFORMANT Henry H. Reichert
(Address) 2828 Christopher St

BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 6/29 1933

UNDERTAKER Harry A. Ruffle
(Address) 4101 E. Lombard Ave.

6/28 1933 Huntington Mallonee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 10.00 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage- Fractured Skull (Accident occured about 8.30 A.M.) — Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 6/26/33

Where did injury occur? 2826 Christopher St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place while leaving neighbor's home,

Manner of injury fell from rear porch steps to cement pavement.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Owens M. D. Coroner

(Address) 5086 Main

M. D. H. 1268-9

91609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91609

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S.Mount St. St., 19-01 Ward)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis A.Ebberts.

(a) Residence: No. 221 S.Mount St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXX Catherine Ebberts.

7. DATE OF BIRTH (month, day, year) May 27 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.& O.R.R.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Francis A.Ebberts.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Catherine Ebberts.(wife)

(Address) #21 S.Mount St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 29 1933

UNDERTAKER H. B. Hilpert & Son

(Address) 3344 Eastern Ave

Washington D.C. Residence

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24th. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other contributory causes of importance:	

Name of operation None. Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hamilton Reinhardt, M. D. Coroner

6/26/33 (Address) 1017 E. Charles St.

AaCo. 5-31 250B

91610

HEALTH DEPARTMENT—CITY OF BALTIMORE

91610

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 N Calhoun St. H-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Turner

(a) Residence: No. 629 N Calhoun St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced (or) WIFE of: Daniel Turner

6. DATE OF BIRTH (month, day, year): May 2, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

7. BIRTHPLACE (city or town) (State or country): St Marys Co Md

13. NAME: Charles Holly

14. BIRTHPLACE (city or town) (State or country): St Marys Co Md

15. MAIDEN NAME: Mary Hayward

16. BIRTHPLACE (city or town) (State or country): St Marys Co Md

17. INFORMANT: Catherine Saunders

(Address) 629 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL: Place Catholic Date June 29 1933

19. UNDERTAKER: James E Wright

(Address) 1501 Carrollton Ave

FILED JUN 29 1933 Huntington Mattie Wright Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933 to June 26, 1933

I last saw him alive on June 24, 1933 death is said to have occurred on the date stated above, at 2.30 pm

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastric Carcinoma

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. F. Howell M. D.

(Address) 601 N Carrollton Ave

M. D. B. 1268-9

611

HEALTH DEPARTMENT—CITY OF BALTIMORE

V

23 E 91611

CERTIFICATE OF DEATH

1. PLACE OF DEATH 231 N. Patterson Park Ave. 6-01 (St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 3 Yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Hager

(a) Residence: No. 231 N. Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Hager

6. DATE OF BIRTH (month, day, year) Oct. 6, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer (b)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Book - printing

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

13. NAME Charles Hager

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

15. MAIDEN NAME Blanche Bowe

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Anna Schultz

(Address) 336 Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Southwood Cem Date June 28 1933

19. UNDERTAKER Philip Hennig Sons

(Address) 2016 Orleans St

20. FILED JUN 29 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1932, to June 28, 1933

I last saw h[illegible] alive on June 25, 1933. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) A. C. Fabiani M. D.

(Address) 447 N. Kenwood Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91612 36 — 123 E 91612

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Hawkins

(a) Residence: No. Clarksburg St., Montgomery Co. Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie

6. DATE OF BIRTH (month, day, year): 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Joseph Hawkins

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Emily Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date June 30 1933

19. UNDERTAKER: H. M. Snyder

(Address) Mt. Airy

20. FILED ..... 19..... Registrar.

6 28 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933 to June 27, 1933

I last saw him alive on June 27, 1933 Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vesico-rectal fistula	6-5-32 (?)
Cystitis,	
Urinary Obstruction before 4-21-33	

Other contributory causes of importance:

Senility, Arteriosclerosis	1 yr

Name of operation: Prostatectomy Date of: 4-21-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Rogers, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

91613

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91613

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Balto City Hosp 25-01 (No. ..... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Logan Van Landingham

(a) Residence: No. 3119 Tate St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year)	7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6/2/1873	60 yrs		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Lewis Vanlandingham

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Anna Williams

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Friends
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Furnace Br. Md 6/28/33

19. UNDERTAKER Chas L Cooper
(Address) 514 N. Calhoun St

JUN 28 1933 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933 to June 25, 1933.

I last saw him alive on June 25, 1933 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magill M. D.

(Address) Balt. City Hosp

M. D. B. 1250-0

91614

E 91614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Good Shepherd Gen. Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Roberts

(a) Residence: No. 1531 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	A A	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Robert

6. DATE OF BIRTH (month, day, year) 1/?/1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	61 Jan. 5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore
(State or country) Maryland

FATHER

13. NAME John Wonds Jackson

14. BIRTHPLACE (city or town)
(State or country) Unk

MOTHER

15. MAIDEN NAME Harriet Jackson

16. BIRTHPLACE (city or town)
(State or country) Unk

17. INFORMANT Mamie Roberts (Daughter)
(Address) 1531 N. Stricker Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date June 28 33 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933. to June 26, 1933

I last saw her alive on June 9, 1933. Death is said to have occurred on the date stated above, at 5 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs.
Arteriosclerosis	
Hypertension	
Gangrene (Rt foot)	5/19/33
Other contributory causes of importance: Senility	9

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

M. D. P. 1268-9

91615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91615

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St., 14-21 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lee

(a) Residence: No. 407 N. Vincent St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

MOTHER FATHER

13. NAME Dal Taylor

14. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

15. MAIDEN NAME Betty Braxton

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Cem. Date 6/22 '33

19. UNDERTAKER Jno. F. Wagner & Son
(Address) 1310 E. Fayette St

Filed JUN 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23 '33

22. I HEREBY CERTIFY, That I attended deceased from 6-7 '33 to 6-23 '33

I last saw her alive on 6-23 1933 Death is said to have occurred on the date stated above, at 4:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	?

Other contributory causes of importance:

Operation Home Amed Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

6-23-33 If so, specify —

(Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

91616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 91616

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 2-91 Ward)

Length of residence in city or town where death occurred 38 yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Bazaro

(a) Residence: No. 1625 Thames St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Bazaro

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 6/22 '33

19. UNDERTAKER John J. Gallagher & Son

(Address) 1318 Light St.

Filed ... 19 ... Registrar.

JUN 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22 1933 to June 27 1933

I last saw him alive on June 27 1933 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation	?

Other contributory causes of importance:

Possible Carcinoma of G. I. Tract.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. P. Magee M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

91617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91617

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 5-01 Ward)

Length of residence in city or town where death occurred 18 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Rizza

(a) Residence: No. 1016 Low St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary Rizza

6. DATE OF BIRTH (month, day, year) Mar 7 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naples Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Naples Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Naples Italy

17. INFORMANT Rizzo

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 6/22 1933

19. UNDERTAKER John J. Flaherty Son

(Address) 1318 Light St.

6/28 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23 1933 to June 27 1933

I last saw him alive on June 24 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	?
	about

Other contributory causes of importance:

Bronchiectasis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Angelo M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-B

C 91618

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 91618

CERTIFICATE OF DEATH

121 V

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ray Tootsie Harmon (Harmon)

(a) Residence: No. 2076 ~~Braddish~~ Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Harmon

6. DATE OF BIRTH (month, day, year): Nov. 9-1892

7. AGE: Years 40 | Months 7 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Buffalo Forge Co

10. Date deceased last worked at this occupation (month and year): 6/6

11. Total time (years) spent in this occupation: ..... yrs.

12. BIRTHPLACE (city or town) (State or country): Osage City Mo

FATHER

13. NAME: Wm LeRoy Harmon

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Alice L. Mumford

16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT: J. D. Harmon

(Address): Kansas City

18. BURIAL, CREMATION, OR REMOVAL: Place Kansas City Mo Date 6/28/33 19

19. UNDERTAKER: Wm Rickerts Sons

(Address): Kansas City Mo

Huntington Williams N.R. Registrar.

20. FILED: JUN 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/28/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/14 ....., 19 33 to 6/28 ....., 19 33

last saw h. alive on 6/28/33. 19 ..... Death is said to have occurred on the date stated above, at 5 ½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	1926
Other contributory causes of importance:	
Pulmonary Embolism	6/25/33
Pulmonary Embolism	6/27/33
Cardiac Failure	6/28/33

Name of operation Part Gast Resection Date of 6/16/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Hull M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91619

CERTIFICATE OF DEATH

108 E 91619

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Curley St. St. 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie V. Martini

(a) Residence: No. 117 N. Curley St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Martini

6. DATE OF BIRTH (month, day, year) March 27, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Diddlemeyer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary C. Ament.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Adolph Martini

(Address) 117 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date June 29, 1933

19. UNDERTAKER John J. Nagan

(Address) 3000 E. Balto St.

Filed JUN 30 1933 Washington Wilkinson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933 to June 26, 1933

I last saw him alive on June 26, 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Pleurisy.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Ross Insley M. D.

(Address) 2556 E. Balto St.

M. D. B. 1268-9

E 91620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91620

CERTIFICATE OF DEATH

Registered No. 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5613 Belair Rd 26 Ward 91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leo. A. Zaborowski

(a) Residence: No. 5613 Belair Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Zaborowski

6. DATE OF BIRTH (month, day, year) Nov. 5-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

PERSONAL AND FAMILY

13. NAME Conrad Zaborowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Victoria Jurk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Zaborowski

(Address) 5613 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem Date 7-1 19 33

19. UNDERTAKER Leonard F. Keyser

(Address) 1501 Eastern Ave

FILED JUL 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1933

22. DEC. I HEREBY CERTIFY, That I attended deceased from ~~April~~ 22, 1932 to June 27, 1933

I last saw h.IM alive on June 27, 1933. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis — Date of onset

Hypertension

Cardiac Hypertrophy & Dilatation

Other contributory causes of importance:

apoplexy

Terminal Pneumonia

Name of operation None Date of

What test confirmed diagnosis Cardiac arrest Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Walter A. Anderson M. D.

(Address) 3001 Shannon Drive

Spec—9-30—A. & Co.—250 Blks

1621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 E 91621

1 PLACE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 1804 Madison Av St. 14-01 WARD)

2 FULL NAME ~~Louise~~ Lulu Henson

(a) RESIDENCE NO. 1804 Madison Av ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	col	widowed

6a If married, widowed, or divorced
~~Husband~~ of
(or) WIFE of Eli Henson

6 DATE OF BIRTH (month, day, and year) 4-1-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— 07

(b) General nature of industry, business, or establishment in which employed (or employer) housework.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brunswick Co Va

10 NAME OF FATHER Charles Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sophie ———

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Charles Henson 1804 Madison Av

8 1933 ~~Huntington Williams~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26-33

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to June 26, 1933

that I last saw her alive on June 25, 1933

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY ..... (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? ———

Did an operation precede death? ~~yes~~ NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymond Brown M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/28/ 19 33

20 UNDERTAKER Wm. Geo. Koella

ADDRESS 1631 Druid Hill

M. D. B. 1268-9

E 91622 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 159 E 91622

CERTIFICATE OF DEATH

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 0 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Crew

(a) Residence: No. 24 Washington St., ... Ward. Annapolis Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fml	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ..11.. hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Irene Crew

16. BIRTHPLACE (city or town) ..... (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Jefferson College Date June 28, 1933

19. UNDERTAKER .....

(Address) .....

Filed 1933 Huntington Hilltop, W. Va.

0592

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to June 15, 1933

I last saw her alive on June 15, 1933. Death is said to have occurred on the date stated above, at 9 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	6-0 33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ann G. Kallmer, M. D.

(Address) Johns Hopkins Hosp.

M. D. H. 1268-9

91623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91623

158 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Doe

(a) Residence: No. 1103 Wolfe St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date June 28, 19 33

19. UNDERTAKER
(Address)

June 28 1933 Huntington Williams, M.D.
059.3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from child brought 19 ..... to ..... 19 .....
I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Autopsy revealed no other cause of death	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No

(Signed) Charles Donovan M. D.

(Address) 52 Read St.

M. D. B. 1268-9

91624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159 E 91624

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Jones

(a) Residence: No. Fullerton Station, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Ned Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Roberts

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Md. Med. College Date June 28, 1933

19. UNDERTAKER .....
(Address)

20. FILED JUN 28 1933 Hunter Williams M.D. Registrar.

0504

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 22, 1933

I last saw him alive on May 22, 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	5/22/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph Brennemann M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-B

91625 HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 91625

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carlos Fathara

(a) Residence: No. 614 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Barbara

7. DATE OF BIRTH (month, day, year) 10-2-1855

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul Date June 28 1933

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave

28 1933 Washington Village

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933 to June 25, 1933

I last saw him alive on June 25, 1933 Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

Strangulated Hernia — Date of onset

Syncope

Cerebral accident

Other contributory causes of importance:

Name of operation Taxis & Herniotomy Date of 6-24-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91626 E 91626

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4206 Ridgewood Ave. St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgeanna Boyce

(a) Residence: No. 4206 Ridgewood Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Boyce

DATE OF BIRTH (month, day, year) Feb 27 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME ------Randall

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary F. English

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John F. Nicholson

(Address) 206 E. 22nd. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 29. 1933

19. UNDERTAKER Harry N. Arnadott & Son

(Address) 1204 Edgewood Ave.

20. Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1932 to June 28 1933

I last saw her alive on June 27 1933 Death is said to have occurred on the date stated above, at 3/4 9 m.

The principal cause of death and related causes of importance were as follows:

Paralysis Heart Disease — Date of onset 2 yrs

Other contributory causes of importance: old age

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) H. C. Grace M. D.

(Address) 3907 Harford

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91627 E 91627

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 McElderry St., 1 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Julia Nevins

(a) Residence: No. 1516 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Howard

6. DATE OF BIRTH (month, day, year) Dec 25, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anarundel Co Md

MOTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

FATHER

15. MAIDEN NAME Ellen?

16. BIRTHPLACE (city or town) (State or country) Anarundel Co Md

17. INFORMANT John Nevins (Husband)
(Address) 1516 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date June 29, 1933

19. UNDERTAKER Robert F. Killian
(Address) 1513 McElderry St

Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933 to June 25, 1933.

I last saw h[illegible] alive on June 25, 1933. Death is said to have occurred on the date stated above, at 7 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Stenosis (sudden)	
Other contributory causes of importance: Endo Carditis and Myo Carditis also Hypertension	2 Years

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) G. E. Young M. D.

(Address) 1424 Monument St

M. D. B. 1268-9

91628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91628

Registered No. 171

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Knotts

(a) Residence: No. 408 E. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 29. 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Herman Ruth

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Connor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Herman Ruth

(Address) 408 E. Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date June 29. 1933

19. UNDERTAKER Rendell & Riggs

(Address) 300 E. Eager St

Huntington Williams, Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18. 1933 to June 25. 1933

I last saw her alive on June 25 1933 Death is said to have occurred on the date stated above, at 6 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	6-17-33
Post hemorrhage - post-operatively.	6-25-33

Other contributory causes of importance:

Name of operation appendectomy Date of 6-18-33

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Magruellow M.D.

(Address) St. Josephs Hospital.

AaCo. 5-11 250B

91629

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 177 E 91629

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 W Lanvale St S., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry DEman

(a) Residence: No. 1021 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Claudia Deman

DATE OF BIRTH (month, day, year) Oct 30 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Post Office
10. Date deceased last worked at this occupation (month and year) June 20 1933
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Hannah Deman
14. BIRTHPLACE (city or town) (State or country) Porto Rico
15. MAIDEN NAME Beatrice Moody
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Claudia DEman
(Address) 2136 Druid Hill Ave
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 6/29/1933
19. UNDERTAKER Mrs. George H. Hellen
(Address) 1631 E Fairmount Ave
20. FILED 6/29/1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to June 26, 1933
that I last saw h.... alive on June 26, 1933 death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Stomach Poisoning (Caused from Fish))	June 24 1933
Other contributory causes of importance: Cardiac Failure	6/26.33

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) Wm N. Thye M. D.
(Address) 1209 Park Ave

M. D. B. 1268-9

91630 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91630

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Homestead St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William V. Turner

(a) Residence: No. 1532 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~wife of~~ Susie B. Turner

7. DATE OF BIRTH (month, day, year) May 28th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Susie B. Turner

(Address) 1532 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St.

Registrar.

JUN 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Prior~~ May 23 1933 to June 27th 1933

I last saw him alive on June 27th 1933 Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	June 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Turgood M.D. M. D.

(Address) 1401 E 25th St

M. D. P. 1268-9

91631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91631

CERTIFICATE OF DEATH

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 W. Rogers Ave 27-91 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Calvert

(a) Residence: No. 1903 W. Rogers St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret Calvert

6. DATE OF BIRTH (month, day, year) July 16th 1849

7. AGE: Years 83 | Months 9 11 | Days 11 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Henry P. Gilpin

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry G. Rogers
(Address) 1903 W. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 29th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED JUN 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16 1933, to June 27 1933.
I last saw him alive on June 27 1933. Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Other contributory causes of importance:	
Chronic myocarditis, etc	

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. R. Lucien M. D.

(Address) 3921 Edmondson Ave

M. D. F. 1708-0

E 91632

E 91632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-01 St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Williams

(a) Residence: No. 234 N. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Mar

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Z

6. DATE OF BIRTH (month, day, year) 12-7-73

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.J.

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME Caroline McCormick

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 29 1933

19. UNDERTAKER Wm Cook
(Address) 127 E Paul St

20. FILED 6-29-33 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933 to June 26, 1933
I last saw him alive on June 26, 1933 Death is said to have occurred on the date stated above, at 7 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6-19-33
Other contributory causes of importance:	
Carcinoma of prostate (Bronchus?)	?
with metastases	August
Benign hypertrophy prostate	4-27-33

Name of operation Electroresection of Prostate Date of Feb 7 1933

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. C. Rogers M. D.

(Address) Johns Hopkins Hosp.

H. D. B. 1268-9

91633 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91633

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riverside Park Swimming Pool St., 22-91 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Blueford.

(a) Residence: No. 714 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) February 20, 1922

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Blueford.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Alice Wolfram.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Alice Blueford. (mother)

(Address) 714 Light St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 29 19 33

UNDERTAKER Guy Cook

(Address) 1617 St Paul St

FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Found dead in Riverside Park Swimming Pool	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos Pinkard M. D.
Coroner

6/28/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

91634

HEALTH DEPARTMENT—CITY OF BALTIMORE 91634

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Philip Coleman

(a) Residence: No. 1013 N. Gay St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 16.1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Nathaniel Coleman

14. BIRTHPLACE (city or town) (State or country) Md. Md.

15. MAIDEN NAME Edith Schofield

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Edith Coleman

(Address) 1013 N. Gay

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date June 28th 1933

UNDERTAKER Bayshow Manuel W. Hyatt

(Address) 1318 McCulloh St.

FILED JUN 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11 A.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 506 E Fayette

Spec.—1-10-21—M&T—1500 Blks.

V E 91635

91635

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Livington ST. 70-01 WARD)

2-FULL NAME Randolph G. Welsh

(a) RESIDENCE NO. 2004 W. Livington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Ida M. Loane

6 DATE OF BIRTH (month, day, and year) December 18, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police Officer 061

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel County Md.

PARENTS

10 NAME OF FATHER Lacurtis Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard County Md.

12 MAIDEN NAME OF MOTHER Elizabeth Spears

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel County Md.

14 Informant Ida M. Welsh
(Address) 2004 W. Livington Street

Filed JUN 29 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to June 27 1933.

that I last saw him alive on June 26 1933.

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic arthritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile debility & Chronic nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hattie E. Pinkerman M. D.

6/28 1933 (Address) 2002 W. Livington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 6/30 1933

20 UNDERTAKER F.B. Hilpert & Son

ADDRESS 1300 Eutaw Place

M. D. B. 1268-9

91636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91636

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 Ashland Ave. St., 7-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME MARY M. KRICH

(a) Residence: No. 2440 Ashland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Krich

6. DATE OF BIRTH (month, day, year) March 31.1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Frederick C. Wilhelm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma A. Worf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henry Krich (Husband)
(Address) 2440 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date June 30.1933

19. UNDERTAKER ER BY SANDER & SONS. INC.
(Address) Baltimore ST. & Broadway.

6 29 1933 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27.1933

22. I HEREBY CERTIFY, That I attended deceased from 6-27-33 to June 27 33

I last saw h.. alive on June 27 1933 Death is said to have occurred on the date stated above, at 3.50 P. M.

The principal cause of death and related causes of importance were as follows:

Double Lobar Pneumonia 6 days

Date of onset

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation No Date of

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred Krich M. D.

6-27-33 (Address) 2440 Ashland Ave

M. D. B. 1268-9

1637 ✓ 91637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Marqum

(a) Residence: No. 2230 Mura St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Marqum

6. DATE OF BIRTH (month, day, year) apr 16 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	12	12 hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Frank Brooks

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Woodrow Marqum

(Address)

18. BURIAL, CREMATION, OR REMOVAL Buried

Place Addison Chapel Date July 1 1933

19. UNDERTAKER St Josephs Sons

(Address) Bladensburg Md

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to June 28, 1933

I last saw h alive on June 28, 1933 Death is said to have occurred on the date stated above, at 9:10p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo nephritis Uremia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kennell M. D.

(Address) St Josephs Hosp

M. D. B. 1268-9

Hampton ✓ E 91638

91638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolte city Hospital Street, 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Langston

(a) Residence: No. 331 N. Filmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Pearl

7. DATE OF BIRTH (month, day, year) March 2 1869

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nom. pod

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Cemetery Date 6/29 1933

19. UNDERTAKER Mrs Kate P. Williams

(Address) 329 N. Schroeder St

JUN 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/20 1933 to 6/26 1933

I last saw him alive on 6/26/33 1933 Death is said to have occurred on the date stated above, at 9-45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1 yr.
Other contributory causes of importance:	
Bronchopneumonia	1 wk.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Breese Scarff M. D.

(Address) Bolte City Hospital

M. D. B. 1268-9

E 91639 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91639

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Sobol
(a) Residence: No. 615 S. Montford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Sobol

7. DATE OF BIRTH (month, day, year) Jan 7 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 047
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER George Sobol
14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Josephine [illegible]
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Bronislawa Sobol
(Address) 615 S. Montford ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 1 1933

19. UNDERTAKER Johnson Weber
(Address) 401 S. Chester St

20. FILED 29 1933 Huntington Williamson Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1933 to 6/28 1933
I last saw him alive on 6/28/33 Death is said to have occurred on the date stated above, at 12-10am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix with peritonitis	2 days
Other contributory causes of importance: Lobar pneumonia	1 day

Name of operation appendectomy Date of 6/27/33
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Boyce Schreiber M. D.
(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91640 E 91640

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 401 S. Ellwood Av. St., 1601 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Lloyd Gaff.

(a) Residence: No. 401 S. Ellwood Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 28 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed, City Worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Michael Gaff.

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

15. MAIDEN NAME, Regina C. Morgan

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Regina C. Gaff (Mother)
(Address) 401 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date June 30, 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Howard St.

Filed 6/29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 28, 1933

Last saw h.. alive on June 27, 1933 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5/10/33

Other contributory causes of importance:

Acute Myocarditis	5/22/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

6/29/33 (Signed) Horace B. Tilson M. D.
(Address) 314 S. Highland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91641

CERTIFICATE OF DEATH

E 91641

59 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Orleans st. St. 6-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sedonia E Mister

(a) Residence: No. 2214 Orleans st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S Mister

6. DATE OF BIRTH (month, day, year) 4/16/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George W Hitchins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Walter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Lillian J Mister

(Address) 2214 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Jul 1, 1933

19. UNDERTAKER John Ulrich

(Address) 2200 Orleans st

Huntington Williams M.D.

Registrar

JUN 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

AACo. C-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

91642

CERTIFICATE OF DEATH

E 91642

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 N. Milton Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Panzer

(a) Residence: No. 1438 N. Milton Ave, ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna V. Panzer

DATE OF BIRTH (month, day, year) Dec. 5 1892

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	40	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pickle Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Anna Panzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Anna V. Panzer

(Address) 1438 N. Milton Ave

BURIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Date June 30 1933

UNDERTAKER Walter C. Miller

(Address) 2435 E. Monument St

FILED JUN 29 1933 Huntington Woollen, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to June 27, 1933

I last saw h— alive on June 27, 1933 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lung	1922

Other contributory causes of importance:

Acute Myocarditis June 26 1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6/28/33 (Signed) Horace B. Litsow M. D.

(Address) 315 S. Highland Ave

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91643

91643

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 16-21 Ward)

Length of residence in city or town where death occurred 7/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cole

(a) Residence: No. Zone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1862

7. AGE: Years 71 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred d/m Date June 29 1933

19. UNDERTAKER [redacted]
(Address)

19 9333 Huntington Indiana, Nov 19

Registrar

0598

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to June 26, 1933

last saw h[illegible] alive on June 26, 1933 Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic - Hypostatic Heart Disease	?

Other contributory causes of importance:

Senility

Name of operation ..... Date of No.

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. D. Magruder M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91644 V23E 91644

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Grant

(a) Residence: No. 570 St. Mary's St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) March 3, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

13. NAME Benjamin Grant

14. BIRTHPLACE (city or town) (State or country) Fulton Ga

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Griffin Ga

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Hope Cemetery Date 6/29, 1933

19. UNDERTAKER Geo. T. A. Gibson

(Address) 1735 W. Baltimore St.

20. FILED Huntington Williams, M.D.

JUN 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to June 26, 1933 that I saw him alive on June 26, 1933 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. P. Haggett, M. D.

(Address) Balt. City Hosp.

H. D. B. 1268-9

E 91645

91645 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 95-002

Registered No. 19-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Ramsay St. St., Ward)

Length of residence in city or town where death occurred 60 yrs. ~~mos~~ ~~da~~ How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lula Brooks.

(a) Residence: No. 1502 Ramsay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

If ~~MARRIED, widowed, MARRIED~~ (or) WIFE of William Brooks.

DATE OF BIRTH (month, day, year) February 7, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME ----- Reynolds.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Edna Earle.(niece)

(Address) 2563 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July -1-, 1933

UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

Registrar

JUL 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2 p.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of the heart and kidneys.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt Coroner M. D.

7/29/33 (Address) 1017 E. Charles St.

M. D. R. 1268-A

91646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91646

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Elm Ave St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William C. Brown

(a) Residence: No. 3820 Elm Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M. Brown

7. DATE OF BIRTH (month, day, year) Dec 2, 1873

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Clementine Hynson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Carrie M. Brown

(Address) 3820 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL md

Mt. Zion, Fruland Date June 30 1933

19. UNDERTAKER Thomas E. Hall Son

(Address) 3615-17 Central Ave

Filed ..... 19..... Registrar.

JUL 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933 to June 27, 1933

I last saw him alive on June 27, 1933. Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 27 33
Arteria Sclerosis and High Blood Pressure	Not known

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw R Niedenberger, M. D.

(Address) 850 W 36th

M. D. B. 1268-9

91647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91647

CERTIFICATE OF DEATH

V161-062

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Boy Glazer

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, year) June 24. 1933

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
			3 A	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis Glazer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Esther Blaustein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Father Glazer

(Address) 406 E. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Mt Date June 29, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

1933 [illegible] Registrar.

0599

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933 to June 27, 1933

I last saw deceased alive on June 27, 1933 Death is said to have occurred on the date stated above, at 4:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Jaundice	6/26/33
Other contributory causes of importance: Pulmonary Edema	6/27/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Augusta Robach Coley M.D.

(Address) Sinai Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

91648

CERTIFICATE OF DEATH

46E 91648

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dmitri Karpitas

(a) Residence: No. 249 S. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

MOTHER FATHER

13. NAME Gus Karpitas

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 29, 19[illegible]

19. UNDERTAKER [illegible]
(Address)

[illegible], 19[illegible] Registrar

9 1933
0600

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-19-33, 19, to 6-21-33, 19

I last saw h[illegible] alive on 6-21-33, 19 Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage supposed to have been from the stomach — Date of onset July

Other contributory causes of importance:

Hypertension
Hemorrhage from rectum

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. N. Taylor M. D.

(Address) Mercy Hospital

H. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91649

CERTIFICATE OF DEATH

V 75 E 91649

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Jail St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Marshall

(a) Residence: No. 26 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora Marshall

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date ..., 19...

UNDERTAKER [illegible]

(Address)

[illegible] Registrar.

1933 0601

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/25, 1933 to 6/26, 1933

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	6/24/33
Other contributory causes of importance: Acute Alcoholism	6/23/33

Name of operation None Date of ...

What test confirmed diagnosis? S.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Hanlon, M. D.

Coroner

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91650 V 131 E 91650

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S. Monroe St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ross Forward Gaither

(a) Residence: No. 2 S. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla A. Gaither

DATE OF BIRTH (month, day, year) October 2, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Train Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & Ohio RR.

10. Date deceased last worked at this occupation (month and year) February 1929

11. Total time (years) spent in this occupation 15 07/12 yrs.

BIRTHPLACE (city or town) (State or country) Wellersburgh, Pennsylvania

13. NAME William Walter Gaither

14. BIRTHPLACE (city or town) (State or country) Somerset Pennsylvania

15. MAIDEN NAME Malinda Catherine Dom

16. BIRTHPLACE (city or town) (State or country) Berlin Pennsylvania

INFORMANT Mr. Earl R. Gaither

(Address) 4000 Windsor Mill Road

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 30, 1933

UNDERTAKER J. P. Cook & Co.

(Address) 1005 W. Baltimore St.

Filed ..... 19..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18/33, 19..., to June 28, 1933

I last saw h... alive on June 28, 1933 Death is said to have occurred on the date stated above, at 7.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
* Myocarditis Chronic interstitial nephritis	Feb. 1933 ?
Other contributory causes of importance: arteriosclerosis	1928

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If specify .....

(Signed) Walter L. Dubbett, M. D.

(Address) 2220 Garrison Blvd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 91651

91651

CERTIFICATE OF DEATH

X 13 V

Registered No. .....

1. PLACE OF DEATH Md. Gen. Hospital St. 11-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Catherine Leslie

(a) Residence: No. 311 Cathedral St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Leslie

7. DATE OF BIRTH (month, day, year) about Feb 2. 1863

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	27	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME James Leslie

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Catherine McGraw

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Buffalo N.Y. Date June 30 1933

19. UNDERTAKER Wm Cook

(Address) 1207 St Paul St.

19a. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29- 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-26-33 19..... to 6-29- 1933

I last saw her alive on 6-29- 33 19..... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Renal Disease

Date of onset .....

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hosp.

—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

M
210-9 E 91652

CERTIFICATE OF DEATH

91652

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. West Balto. General Hospital (If not in hospital, give STREET AND NO.)

2-FULL NAME James A. McCubbin

(a) RESIDENCE NO. 1742 Warwick Ave. WARD Walbrook

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred Instr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~
ale	White	Married

married ~~widowed, or divorced~~
HUSBAND of ~~(or) Wife of~~ Emma McCubbin

TE OF BIRTH (month, day, and year) Mar 17th 1871

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3	10	

CUPATION OF DECEASED
) Trade, profession or rticular kind of work Laborer Gen
) General nature of industry, siness, or establishment in hich employed (or employer)
) Name of employer Balto City

THPLACE (city or town) Parkton Md.
tate or country)

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

rmant Emma McCubbin

Address) 1742 Warwick Ave

30 1933 Huntington, West Virginia, N.P. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27th 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Comp. Fracture of Skull

(duration) yrs. mos 5 ds

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Struck by auto while walking on Monroe St near Lafayette 6/27/33

Did an operation precede death? No Date of

Was there an autopsy? Yes (Partial)

What test confirmed diagnosis? Autopsy held

(Signed) Joseph Sherman Coroner, M. D.

, 19 (Address) 2200 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto

UNDERTAKER Wm Cook

DATE OF BURIAL 6/30/1933

ADDRESS

M. D. B. 1268-9

91653

HEALTH DEPARTMENT—CITY OF BALTIMORE

91653

CERTIFICATE OF DEATH

66-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Barclay St. 12-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes E. Wiley

(a) Residence: No. 1723 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of David H. Wiley

7. DATE OF BIRTH (month, day, year) May 16th 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT David H. Wiley

(Address) 1723 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 1st, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 30 1933 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to June 28 1933

I last saw h.. alive on June 28 1933 Death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Influenza	

Other contributory causes of importance:

Cardiac decompensation	?
Chronic Nephritis	?

Name of operation — Date of —

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent K. Cook M. D.

(Address) 125 W. Lafayette Ave

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91654 V 159 E 91654

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Marshall St. 24-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Mr. & Mrs. David J. Eder

(a) Residence: No. 1704 Marshall Ft. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 29. 33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME David J. Eder

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Annie M. Smith

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. David J. Eder.
(Address) 1704 Marshall

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date June 30, 1933

UNDERTAKER Margaret A. Flynn
(Address) 1722 Light St.

FILED ..... 19.. J. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933 to June 29, 1933
I last saw her alive on June 29, 1933 Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 6 Mo	
Other contributory causes of importance: Congenital	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Carpenter Ed. M. D.
(Address) 164 Hanover St.

E 91655

M. D. R. 1268-9

1655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3818 Hudson St. St., 76-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry F. Rettman

(a) Residence: No. 3818 Hudson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Oct. 22 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Rettman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Kimmett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Matilda M. Lanham
(Address) 3818 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 3, 1933

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED 30 1933 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 1933 to June 29 1933

I last saw him alive on June 29 1933 Death is said to have occurred on the date stated above, at 6:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	10 da.
Hemorrhage & Shock	

Other contributory causes of importance: Anemia

Name of operation: Exploratory Date of 1 day

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Ed Davis M. D.

(Address) 600 North Ave W

H. D. B. 1268-9

91656 HEALTH DEPARTMENT—CITY OF BALTIMORE 91656

CERTIFICATE OF DEATH

V85

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 E. Chase St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Anna Oliver

(a) Residence: No. 2729 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Herbert W. Oliver

DATE OF BIRTH (month, day, year) Feb 28/1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Henry Kahler

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Catherine Cox

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Herbert W. Oliver

(Address) 2729 E. Chase St

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date July 1, 1933

UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St.

FILED JUL 1 1933 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at before 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Interval between onset and death
Probably Myocardial Insufficiency		
Other contributory causes of importance: History of Epilepsy	???	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Kaufman, Coroner, M. D.

(Address) 508 E. Fayette

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1657 E 91657

CERTIFICATE OF DEATH

82-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp 5-01 (Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt H Murray.

(a) Residence: No. 102 N. Central St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Murray

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank, Fried & Co

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cecelia Price

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Cecelia Murray

(Address) 240 East St

BURIAL, CREMATION, OR REMOVAL Place Ost-urleen. Date June 30. 1933

UNDERTAKER Jos. H. Arnold & Knight

(Address) 218 N. Eutaw St

FILED 1933 Huntington Indiana, Ind.
Registrar.

MEDICAL CERTIFICATE OF DEATH

12. DATE OF DEATH (month, day, year) June 27th, 1933

I HEREBY CERTIFY, That I attended deceased from June 6 to June 27, 1933

that I last saw him alive on June 27, 1933 and that death is said to have occurred on the date stated above, at 4 m

The principal cause of death and related causes of importance were as follows:

Spontaneous Cerebral Hemorrhage four hours — Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Luk, M. D.
Coroner

(Address)

M. D. B. 1268-B

91658 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 91658

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Lewis

(a) Residence: No. 214 Colvin St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Sep

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

7. DATE OF BIRTH (month, day, year) 11/12/92

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

13. NAME Jerry Mitchell

14. BIRTHPLACE (city or town) (State or country) N Car

15. MAIDEN NAME Mary MacArthur

16. BIRTHPLACE (city or town) (State or country) N Car

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 7-2- 1933

UNDERTAKER Brown Marsh & Knight

(Address) 128 McElderry St

FILED JUN 30 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7. 1933 to June 29. 1933

I last saw her alive on June 29. 1933. Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	1925
Tuberculosis of spine	14 mos

Other contributory causes of importance:

Syphilis	1921

Name of operation Aspirate Cold Abscess Date of June 19

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. Close Jones M. D.

(Address) Johns Hopkins Hospital

ec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91659

CERTIFICATE OF DEATH.

93-003 E 91659

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 Scott St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur G. Morhiser

(a) RESIDENCE NO. 508 Scott St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E Morhiser

DATE OF BIRTH (month, day, and year): Apr 2nd 1877

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	56	2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman 6 yrs

(b) General nature of industry, business, or establishment in which employed (or employer): James Lumber Co

(c) Name of employer —

BIRTHPLACE (city or town)

(State or country): Baltimore, Md.

10 NAME OF FATHER: John F. Morhiser

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

Informant: Mrs Annie E. Morhiser

(Address): 508 Scott St.

JUL 30 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28th. 1933

17 I HEREBY CERTIFY, That I attended deceased from June 4 1933, to June 28, 1933, that I last saw him alive on June 28, 1933, and that death occurred, on the date stated above, at 3.00 p.m.

The CAUSE OF DEATH* was as follows:

I. Myocarditis;

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? None needed

(Signed) Thomas F. Cate, M. D.

, 19 (Address) 528 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial 7/1 1933

20 UNDERTAKER: John F. Cowan & Son, 908 Hollins St.

ADDRESS

H. D. B. 1268-9

✓ E 91660

HEALTH DEPARTMENT—CITY OF BALTIMORE

91660

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital- St., 20-01 Ward)

Length of residence in city or town where death occurred 32 yrs. ---mos.---ds. How long in U. S. If of foreign birth 32 yrs. ---mos.---ds.

2. FULL NAME Margaret Schroeder.

(a) Residence: No. 2541 W. Baltimore St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: (or) WIFE of John R. Schroeder.

DATE OF BIRTH (month, day, year) April 24, 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME John McHale. Ireland.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Bessie O'Malley.

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT John R. Schroeder. (husband)
(Address) 2541 W. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Place Dust Lawn Cem. Date 7/1/33

UNDERTAKER John J. Cowan & Son.
(Address) 801 Walbert St.

FILED 7/1/33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Hemorrhage.	
Other contributory causes of importance: Carcinoma of the cervix of the Uterus into Intestines.	

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

6/29/33 (Address) 1017 E. Charles St.

M. D. B. 1268-0

91661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91661

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 801 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Marie Childress

(a) Residence: No. Balto, Md St., 1917 N. Patterson Park Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr. Edward Childress

DATE OF BIRTH (month, day, year) Aug. 23, 1910

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
22 yrs	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Town

10. Date deceased last worked at this occupation (month and year) June 25, 1933

11. Total time (years) spent in this occupation 4

BIRTHPLACE (city or town) (State or country) Maryland, Balto.

13. NAME Theodore Sedward

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Catherine Young

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

INFORMANT Edward Childress

(Address) 1917 N Patterson Park Ave, Balto.

BURIAL, CREMATION OR REMOVAL

Place Baltoleum Date July 1st, 1933

UNDERTAKER Leo J. Lesok

(Address) 1723 N Patterson Park Ave

FILED JUL 1 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933 to June 28, 1933

I last saw her alive on June 28, 1933 Death is said to have occurred on the date stated above, at 10:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction & gangrene of bowel, &	6-25-33
general Peritonitis	6-27-33

Other contributory causes of importance:

Intestinal adhesions (Post operative)	1929
Volvulus of Ileum	June 1933

Name of operation Enterostomy Date of 6-28

What test confirmed diagnosis? operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so specify ...

(Signed) Richard L. Cumming M. D.

(Address) The Church Home and Infirmary

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

662

46 E 91662

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E. Biddle St. 10-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Thompson

(a) Residence: No. 402 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
about 45				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Thompson

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss M. Downes
(Address) 402 E. Biddle Street

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 1, 1933

UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

Huntingtn Williams, M.D.

D 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1933 to 6-29 1933
I last saw her alive on 6-29 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cystic Ent Stomach — Date of onset 8/2/32

Other contributory causes of importance:

Myocardial Degeneration 4 days

Name of operation 8/2/32 Date of Resect of Stomach

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) David Miller M. D.

(Address) 1 no Bolton

M. D. B. 1203-B

91663 ✓ E 91663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Simon A Rostov

(a) Residence: No. 3823 Norfolk Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rostov

7. DATE OF BIRTH (month, day, year) April 12/84

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 005

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Rostov

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna Maron

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wyndale Mill Rd Cem Date 6/30/33 19

19. UNDERTAKER Stark Levy & Co
(Address) 939 E Baltimore St

20. FILED JUN 30 1933 19 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1933, to 6/28, 1933

I last saw him alive on 6/28, 1933. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	6 week
Meniers disease	

Other contributory causes of importance: Post-operative shock 10 hrs

Surgery (Prostate) Nature of [illegible] 6/26/33

Name of operation Surgery (Prostate) Date of [illegible] 6/28/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

91664

HEALTH DEPARTMENT—CITY OF BALTIMORE

91664

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Goldberg

(a) Residence: No. 421 N. Patterson Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Israel Levy

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Date 6/30/33. 19

19. UNDERTAKER Levy Bros & Co

(Address) 730 E. Balto St

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30/33. 19

22. I HEREBY CERTIFY, That I attended deceased from June 27 19 33 to June 30 19 33

I last saw h... alive on June 30 19 33 Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pr (1) Bronchopneumonia	June 25
2. Chronic Myocarditis Cardiac Decompensation Anuria - Intoxication	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. Cohen M. D.

(Address) Sinai Hospital

11-1922

M. D. H. 1268-B

91665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 91665

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4217 Potter St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Charles T. Bassler

(a) Residence: No. 4217 Potter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth M.

DATE OF BIRTH (month, day, year) Oct. 18, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929 | 11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Andrew Bassler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Charles T. Bassler

(Address) 4217 Glenmuir Ave. Catonsville

BURIAL, CREMATION, OR REMOVAL

Place Salem, Va. Date July 1, 1933

UNDERTAKER Easton & Sons

(Address) Ellicott City

FILED [illegible] 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan-16-29, 19.., to June-28-, 1933.

I last saw him alive on Feb-13-, 1933. Death is said to have occurred on the date stated above, at 7 A (p.) m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Urine. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) S. Lloyd Johnson, M. D.

(Address) 4200 Frederick Ave.

M. D. B. 1268-0

1666

HEALTH DEPARTMENT—CITY OF BALTIMORE

1666

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lanvale Memorial St. 15-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S. Farley

(a) Residence: No. 1416 N. Fulton Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-26-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)

13. NAME Peter H. Farley

14. BIRTHPLACE (city or town) Balto, Md
(State or country)

15. MAIDEN NAME Julia Ann Angier

16. BIRTHPLACE (city or town) Balto, Md
(State or country)

17. INFORMANT Mrs Katherine Hobbs
(Address) 3307 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date July 1, 1933

19. UNDERTAKER Wm Fickus & Sons
(Address) North & Fa Aves.

301933 Hamilton Hillcrest

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1933 to 6-28, 1933

I last saw h[illegible] alive on 6-28, 1933 Death is said to have occurred on the date stated above, at 1225 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-25-33
Cerebral sclerosis	?
Hypertension	?
Pneumonia	6-25-33
Pyuria	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frank R Stephenson, M. D.

(Address) [illegible]

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91667

CERTIFICATE OF DEATH

E 91667

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital 4-01 15 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth?. yrs. mos. ds.

2. FULL NAME Anna Murphy.

(a) Residence: No. 1133 Light St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Murphy

DATE OF BIRTH (month, day, year) July 3 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Joseph Weber.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Anna Weber

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT John J. Murphy.

(Address) 1133 Light St

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.C. Date 7-1 21 1933

UNDERTAKER E. T. Hartz

(Address) 115 Huntington Ave, Baltimore, Md.

Filed JUN 30 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Left Cervical Cellulitis	2 weeks
(cause undetermined)	

Other contributory causes of importance:

Name of operation Drainage Date of 6/27/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner. M. D.

(Address) 508 E Monument

H. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

91668

CERTIFICATE OF DEATH

E 91668

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Church Home & Infirmary St., (or) 8 & 0 121 Ward.
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Inga Stoer Kerker

(a) Residence: No. 1632 Cliftwood Ave., Balto, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mr. Jacob F. Kerker

DATE OF BIRTH (month, day, year): Oct. 11, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Under~~ 65	8	19		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

8. Date deceased last worked at this occupation (month and year): 6 '33 | 9. Total time (years) spent in this occupation: 45

BIRTHPLACE (city or town) (State or country): Balto. Md

12. NAME: John Stoer

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Catherine Gentemann

16. BIRTHPLACE (city or town) (State or country): Europe

INFORMANT: Jacob F. Kerker
(Address): 1632 Cliftwood Ave, Balto

BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: July 3, 1933

UNDERTAKER: John Aldridge
(Address): 200 E. Preston.

FILED: June 27, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933 to June 27, 1933
I last saw her alive on June 27, 1933 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Illness, Paralytic
Post operative
myocardial failure

Date of onset
6 20 33
6 28 33

Other contributory causes of importance:

Senility

Name of operation: Laparotomy Appendectomy Date of operation: 6-26

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Richard C. Cumming, M. D.
(Address) The Church Home and Infirmary

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91669 E 91669

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Moelter, MR. John

(a) Residence: No. 4204 Annatana Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	MARRIED

6. If married, widowed, or divorced HUSBAND of [last] WIFE of Sophie Moelter

7. DATE OF BIRTH (month, day, year) Feb. 7, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Trimmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Martin Moelter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Franz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Sophie Moelter

(Address) 4204 Annatana Ave

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer July 3 33

UNDERTAKER Jos. J. Stenton Son

(Address) 1136 E. Fayette Ave

Huntington Williams, N.T.

Filed ... 1933

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1932 to June 29, 1933

I last saw him alive on June 29, 1933 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	June 25
Acute Nephritis	June 15
Cellulitis, Arms & Abdomen Thighs	June 8

Other contributory causes of importance:

Acute Suppurative Appendicitis with Abscess	Dec. 24, '32
Erysipelas	Apr. 24, '33
Drainage Appendiceal Abscess	Dec 24, '32

Name of operation Appendectomy Date of MAY 25, '33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard V. Hamer M. D.

(Address) Church Home & Infirmary.

H. D. B. 1268-9

91670 E 91670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Key Highway & Battery Ave. Ward 27-701

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Anderson.

(a) Residence: No. 111 N. Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 29, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Adam S. Anderson.

14. BIRTHPLACE (city or town) (State or country) Ohio.

15. MAIDEN NAME Martha E. Miller.

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Martha E. Anderson. (mother)

(Address) 111 N. Barre St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date July 1, 1933

UNDERTAKER Martin L. Conroy

(Address) 110 2 Fordyce Huntington W. Va.

FILED ... 30 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Occidental fall over board while crabbing.	

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury June 29/33

Where did injury occur? Key Highway & Battery Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell over board

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt M. D.
Coroner

6/30/33 (Address) 1017 E. Charles St.

M. D. B. 1268-A

E 91671

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91671

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2807 (Street) Strathmore Ave (Ward) 24-01

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Carl

(a) Residence: No. 2807 Strathmore Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Carl.

7. DATE OF BIRTH (month, day, year) Aug 12 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Trenton Pa

13. NAME Thomas Carl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Hoffman

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Leona G. Carl

(Address) 2807 Strathmore Ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date 7/3/33

UNDERTAKER Leonard J. Kelch

(Address) 5305 Harford Rd

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23 1933 to June 29 1933

I last saw her alive on June 28 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) — Date of onset Apr 23/33

Other contributory causes of importance:

Arteri-Sclerosis — a number of years

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

No If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Hamilton Baltimore Md

H. D. B. 1268-9

91672 E 91672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

20-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard P. Pumphrey.

(a) Residence: No. 206 S. Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If XXXXXXXXXX divorced, HUSBAND of XXXXXXX Bessie E. Pumphrey.

6. DATE OF BIRTH (month, day, year) October 31, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman, Motor Transportation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Aquilla J. Pumphrey.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Martha V. Fowler.

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

INFORMANT Jackson Pumphrey. (son)

(Address) 909 Cooks Lane.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 1, 33

UNDERTAKER Wm. J. Trakuetson

(Address) Hoad & Padres Huntington Ave.

Registrar.

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
Hemiplegia.

Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury . 19

Where did injury occur? Federal Hill Park.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Otto M. Reinhardt M. D.

6/29/33 (Address) 1017 E. Charles St. Coroner

H. D. B. 1268-9

91673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 91673

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Clinton St., 13-01 Ward)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Ward

(a) Residence: No. 1514 Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Lola Ward

DATE OF BIRTH (month, day, year) Sept. 27, 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Richard Ward

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Hutchinson

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Laurence Ward
(Address)

BURIAL, CREMATION, OR REMOVAL G. A. Co.
Place Baldwin Cemt. Date July 1, 1933

UNDERTAKER Frederick G. Coe
(Address) 1200 N. Lombard st.

FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933, to June 29, 1933

I last saw him alive on June 29, 1933. Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Contributory	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hawk E. Hagan M. D.

(Address) 627 Edmondson

Spec.—6-9-19—R. F. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91674

CERTIFICATE OF DEATH.

131 V E 91674

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1609 N. Broadway ST.: 8-01 WARD)

2-FULL NAME Catherine A. Sponsel

(a) RESIDENCE. NO. 1609 N. Broadway ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: George J. Sponsel

6 DATE OF BIRTH (month, day, and year): April 6/1872

7 AGE: Years 61 | Months 6 | Days 0 | If LESS than 1 day, hrs. or min. 23

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

10 NAME OF FATHER: John C. Finck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Dora Metz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Geo. J. Sponsel
(Address) 1609 N. Broadway.

Filed 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29 1933

17 I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 29 1933.
that I last saw h.. alive on June 29 1933.
and that death occurred, on the date stated above, at 6:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Samuel Wolfe, M. D.

6-30, 1933 (Address) 1331 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: July 1 1933

20 UNDERTAKER: Frank A. Fink | ADDRESS: 915 E. Gay St.

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91675

VE 91675

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1310 N. Montford Ave. ST. 8-01 WARD)

2-FULL NAME Henry Rabe

(a) RESIDENCE NO. 1310 N. Montford St. E WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rabe

7 DATE OF BIRTH (month, day, and year) Aug 8/1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Jerlin Rabe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine Steinmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant (Address) Mary Rabe 1310 N. Montford Ave

Filed Huntington Williams M.D.

0 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1933

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to June 28, 1933, that I last saw him alive on June 28, 1933, and that death occurred, on the date stated above, at 12.30 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Renal Uremia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) H. E. Walters M. D.

June 29 1933 (Address) 1201 N Patapsco

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Com. DATE OF BURIAL July 1 1933

20 UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

...ARTMENT—CITY OF BALTIMORE

81 E 91676

CERTIFICATE OF DEATH

...e Memorial Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...E: (No. 1000 Caton Ave. St., 19-07 Ward)

...ce in city or town where death occurred ...yrs. ...mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Nellie Farrell

(a) Residence: No. 25 South Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1916

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
17 yrs.			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charles Co. Md.

13. NAME Jack Farrell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Essie

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Lenking Memorial Hosp.
(Address) 1000 Caton Avenue

BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 6/29 1933

UNDERTAKER John J. Flaherty Son
(Address) 318 Light St.

FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, st. 1932 to June 29th 1933
I last saw her alive on June 29 1933. death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcerating enteritis	
Poliomyelitis	
2 Terminal Bronchial pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alfred Vadone, M. D.

(Address) St Agnes Hos.

0 1933

ec.—2-29-28—L. F. S.—500 B...

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91677

91677

82-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH 2118 Chelsea Terrace

ITY OF BALTIMORE: (No. ~~Mrs. Sallie D.~~ ST. 15-91 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Sallie Dill

(a) RESIDENCE NO. 2118 Chelsea Ter ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar F. Dill

ATE OF BIRTH (month, day and year) June 25 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	5	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work None

b) General nature of industry, business, or establishment in which employed (or employer) None

c) Name of employer None

BIRTHPLACE (city or town) (State or country) Woodbury N. J.

NAME OF FATHER William Scott

BIRTHPLACE OF FATHER (city or town) (State or country) Woodbury N. J.

MAIDEN NAME OF MOTHER Hannah Estlack

BIRTHPLACE OF MOTHER (city or town) (State or country) Woodbury N. J.

Informant Mrs. Marian D. Wallace (Daughter)

(Address) 2118 Chelsea Terrace

...1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30-1933

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to June 30, 1933.

that I last saw her alive on June 29, 1933

and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) General Arterio-Sclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Bedside symptoms —

(Signed) A. F. Robinson, M. D.

6/30, 1933 (Address) Medical Arts Building

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbury, N. J.

DATE OF BURIAL July 3/33

20 UNDERTAKER Stewart & Mowen Co.

ADDRESS 108 W. North Ave.

A&Co. 5-31 250B

91678

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 91678

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Scheeler Ave St. 26-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Bartenfelder

(a) Residence: No. 1304 Scheeler Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 28 1860

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto County

13. NAME Henry Bartenfelder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Bartenfelder

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John C. Bartenfelder
(Address) 1304 Scheeler Ave.

BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Date July 2 1933

UNDERTAKER Orrett Brothers Funeral Home
(Address) 7401 Belair Road

FILED JUL 30 1933 Harrington Wm. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to June 30, 1933
I last saw him alive on June 29 1933 death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Edema	
Arteriosclerosis	
2. Cerebral Hemorrhage	

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Dillon M. D.
(Address) Roseveldt

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91679

E 91679

95-002

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital - 01 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Gertrude M. Winkler

(a) Residence: No. 2108 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 4 1888

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44 years	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 8a

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

13. NAME OF FATHER John Henry Winkler

14. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

15. MAIDEN NAME OF MOTHER Catherine M. Myers

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Catherine M. Winkler
(Address) 2108 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 3 1933

19. UNDERTAKER Frederick Engelbert Sons
(Address) 7401 Belair Road

20. FILED ..... Registrar.

JUL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1933 to June 30 1933

I last saw her alive on June 30 1933 Death is said to have occurred on the date stated above, at 10:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertensive Heart Disease	
2.	
3.	
4.	

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dr. Thomas M.D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 91680

91680 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Rossiter Ave St.; 27th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh A. Norman

(Residence in Baltimore: No. 513 Rossiter Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6-DATE OF BIRTH March (Month) 3 (Day) 1871 (Year)

7-AGE 62 yrs 3 mos 26 ds. If LESS than 1 day, hrs., or min.? 15

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Lawyer Law

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER John Norman

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Byrne

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Margaret S. Norman

(Address) 513 Rossiter Ave

Huntington Milligan, M.D.

1933 ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 28 (Day) 1933 (Year)

17-I HEREBY CERTIFY, That I attended deceased from 6/3 ..., 1921, to 6/28 1933, that I saw h[illegible] alive on 6/26 1933, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis.

(Duration) 11 yrs 2 mos ds.

Contributory (SECONDARY) Vascular Hypertension

(Duration) [illegible] mos. ds.

(Signed) Hugh A. Norman M.D.

6/29 1933 (Address) 1 Upland Rd.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL 6/30/33

20-UNDERTAKER New Cathedral Cem. ADDRESS Balto.

H. D. B. 1268-9

Coroner Pokorny 2200 E Biddle M.C.V.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91681

CERTIFICATE OF DEATH

91681

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 609 St Dunstans Rd (Ward) 47

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Anna Mockleman

(a) Residence: No. 609 St Dunstans Rd Ward. Govans

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Henry Mockleman

DATE OF BIRTH (month, day, year) March 6th 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Jacob Beck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hinkavon

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Henry T. Mockleman

(Address) 4105 Chatham Rd

BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 1st 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams M.D.

Registrar

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 . to June 19 .

I last saw h alive on June 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Coronary Embolism following fracture of left tibia & fibula — Date of onset 6/16/33

Other contributory causes of importance:

Automobile Accident — 6/16/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Time of injury 6/16 1933

Where did injury occur? In front 5619 York Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury He was walking across York Rd

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Henry Geo E Waddington M. D.

(Address) 5619 York Rd (Coroner)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91682

CERTIFICATE OF DEATH

E 91682

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 1-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Savko

(a) Residence: No. 910 S. Belnord ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Savko

7. DATE OF BIRTH (month, day, year): Nov. 6, 1892

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown 014

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Henry Savko

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Susie Gayvos

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date July 1st, 1933

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED: Huntington Willig 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to June 28, 1933

I last saw him alive on June 28, 1933 Death is said to have occurred on the date stated above, at 10.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1930
Tuberculosis of larynx	March 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stoeri M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91683

CERTIFICATE OF DEATH

46E 91683

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4229 Park Heights Ave. 45-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice May Franklin

(a) Residence: No. 4229 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of John Franklin

DATE OF BIRTH (month, day, year) Sept 13th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmont Md.

13. NAME Perry G. Smith

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

15. MAIDEN NAME Susanna R. Gussy

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

INFORMANT Maude S. Gough

(Address) 4229 Park Heights Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Frederick Md. Date July 1st 1933

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

01933 Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to June 29th 1933

I last saw her alive on June 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 Yr.
Other contributory causes of importance:	
General Carcinomatosis	3 months

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91684

CERTIFICATE OF DEATH

E 91684
87-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 21-d Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Clark

(a) Residence: No. 850 D. S. Entaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1884

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

13. NAME Jos Clark

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

15. MAIDEN NAME Nellie Chanell

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Nathaniel Raymond
(Address) 625 Hartford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date July 1, 1933

19. UNDERTAKER Robert F Williams
(Address) 1515 N Eden St

Huntington Williams, Jr
Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29/33, 19

22. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1933 to June 29th, 1933
I last saw him alive on June 29th, 1933 Death is said to have occurred on the date stated above, at 2:20 P.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-23-33
Other contributory causes of importance:	
Arteriosclerosis	Supposed Years

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Frederick Dimmond M.D.
(Address) Provident Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91685 | 183E 91685 | Registered No.

1. PLACE OF DEATH — Pronounced dead at Johns Hopkins Hospital St. 10-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred at 1° yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — William Johnson

(a) Residence: No. 936 N. Central Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Johnson

DATE OF BIRTH (month, day, year) 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer (Dye Plant)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — J. S. Young & Co

10. Date deceased last worked at this occupation (month and year) June 28/33

11. Total time (years) spent in this occupation 1 wk

BIRTHPLACE (city or town) (State or country) Calvert Co., Md

13. NAME Wesley Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) n

INFORMANT Lee Cannon

(Address) 428 N. Durham St

BURIAL, CREMATION, OR REMOVAL

Place Johnson cemetery Date July 3 1933

UNDERTAKER Edw Borza

(Address) 1631 Orleans St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28/33

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at about 3 P.M.

The principal cause of death and related causes of importance were as follows:

Probably drowned- Was found in large dye vat. — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury 6/28/33

Where did injury occur? 2701 Boston St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Undetermined how he fell

Nature of injury thru trap door. No witness.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. S. Waters M. D. Coroner

(Address) 508 E Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91686 91686

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 12-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hoyel Ward

(a) Residence: No. 2211 Hunter st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria

6. DATE OF BIRTH (month, day, year) July 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Montgomery Alabama

13. NAME Joe Ward

14. BIRTHPLACE (city or town) (State or country) Raleigh North Carolina

15. MAIDEN NAME Nancy Paramore

16. BIRTHPLACE (city or town) (State or country) Cairo, Ga.

17. INFORMANT Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date July 3, 1933

19. UNDERTAKER Edward Bryan
(Address) 1691 orleans st

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1933 to June 28, 1933

I last saw him alive on June 28, 1933 Death is said to have occurred on the date stated above, at 5.30 p.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1933
Spontaneous hydropneumothorax tuberculous.	5 mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stevens M.D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

274023

E 91687

Med.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 E 91687

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 3-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifton Bicks

(a) Residence: No. 256 S Bechel St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen (same)

DATE OF BIRTH (month, day, year) Nov. 17 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Lizzie Moore

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Julia Bicks

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Solmon Cemetery Date June 30 1933

UNDERTAKER Edw. Bryan

(Address) 1621 Pregman St

Huntington Williams Mort. Director.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to June 27 1933

I last saw him alive on June 27 1933 Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

Acute Rheumatic Fever & Pericarditis and endocarditis — Date of onset 6-14-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Carmichael Feldman M. D.

(Address) Johns Hopkins Hospital

D. B. 3268-9

91688

HEALTH DEPARTMENT—CITY OF BALTIMORE

91688

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Providence Hosp 427-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen D George

(a) Residence: No. 5311 Dennison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Single
If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 2-1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	44	8	27 26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whd
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Edw. George
14. BIRTHPLACE (city or town) Va
(State or country)
15. MAIDEN NAME Mary Scott
16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Stella James
(Address) 5311 Dennison

BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date July 5, 1933

UNDERTAKER Thomas E Kelson
(Address) 1303 Pennsylvania Ave Huntington Williams, W. Va.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 c 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27 c 1933
I last saw h alive on June 29 c 1933 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Aorta	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H Polk Coroner M. D.
(Address)

M. D. B. 1268-9

3413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91689

91689

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mackie Carey

(a) Residence: No. 1509 E Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Landon Cable Carey

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Geo. Brown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Polly Brown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

Place Keyser W Va Date July 1 1933

UNDERTAKER Samuel F. Snyder

(Address) 578 N Bond

Huntington, Williamson W Va

FILED 1-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933, to June 30, 1933

I last saw her alive on June 30, 1933 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic manifestations with cardiac failure	5 yrs
Intestinal obstruction	2 days
mechanical	
Other contributory causes of importance:	
Arteriosclerosis with hypertension	?

Name of operation Relief of intestinal obstruction Date of June 28, 1933

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wyatt M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91690

E 91690

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E. York St. St. 12-01 (Ward)

Length of residence in city or town where death occurred 21 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 21 yrs. ---- mos. .. ds.

2. FULL NAME Nicholas Sawrilchik

(a) Residence: No. 1 E. York St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or WIFE of) XXXXXXXXXXXX XXXXXX Anna Sawrilchik.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Sugar Ref.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

13. NAME John Sawrilchik

14. BIRTHPLACE (city or town) (State or country) Russia.

15. MAIDEN NAME Martha --------

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Anna Sawrilchik. (wife)

(Address) 1 E. York St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian Date July 3 1933

19. UNDERTAKER John Gretkiewicz

(Address) 423 S. Paca St.

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the Coronary Arteries.	

Other contributory causes of importance:

Name of operation No. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

5/1/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

91691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91691

691691

CERTIFICATE OF DEATH

X 114-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 29 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Raymond Reese

(a) Residence: No. Union Bridge St., ... Ward Carroll Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 12/16/14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

13. NAME Carroll H Reese

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

15. MAIDEN NAME Elizabeth Mantrell

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Carroll H Reese

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Longanecker Cemetery Date July 4. 1933

19. UNDERTAKER J. C. M. Nabb

(Address) Winfield Md.

FILED ..... 19 ..... Registrar.

1 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/2/33, 19..... to 7/1/33, 19.....

I last saw h[illegible] alive on 7/1/33, 19..... Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	1932
Pain Interscum	

Other contributory causes of importance:

Septicemia (?)	1 day
Cardiac failure	2 hours

Name of operation Open Thoracoplasty Date of 6/24/33.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H C Hull M. D.

(Address) University Hospital

E 91692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 22-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ---mos---ds. How long in U. S. If of foreign birth 35 yrs. ---mos--- ds.

2. FULL NAME Joseph Barracca.

(a) Residence: No. 19 N. Parre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced, HUSBAND of XXXXXX Sarah Barracca.

6. DATE OF BIRTH (month, day, year) April 12, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. b Clothing presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.I

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Italy.

13. NAME Benjamin Barracca.

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Mary Caramondi.

16. BIRTHPLACE (city or town) (State or country) Italy.

INFORMANT Grace Serio. (sister)
(Address) 1715 E. Lombard St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 3, 1933

UNDERTAKER Frank V. Pipitone
(Address) 2[illegible] E Baltimore St

FILED ...., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ...., 19.... to ...., 19....

I last saw h... alive on ...., 19.... Death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Angina Pectoris.
Obstruction of the Coronary Orteries.

Other contributory causes of importance:

Name of operation No. Date of ....

What test confirmed diagnosis Inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ...., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

(Signed) Otto M Reinhardt, M. D. Coroner
7/1/33 (Address) 1017 E. Charles St.

D. B. 1268-9

91693

HEALTH DEPARTMENT—CITY OF BALTIMORE

91693

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Mannone

(a) Residence: No. 2105 E North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia Nobile, Mannone

7. DATE OF BIRTH (month, day, year) March 6 1908

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 183

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year) Newark N J

13. BIRTHPLACE (city or town) (State or country)

14. NAME Samuel Mannone

15. BIRTHPLACE (city or town) (State or country) Italy

16. MAIDEN NAME Anna Barbaro

17. BIRTHPLACE (city or town) (State or country) Italy

18. INFORMANT Virginia Mannone

(Address) 2105 E North Ave

19. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 3 1933

20. UNDERTAKER Frank J Pistone

(Address) 2 E Baltimore St

Filed July 3 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to ____ 19__

I last saw h alive on ____ 19__ Death is said to have occurred on the date stated above, at 4:31 (m

The principal cause of death and related causes of importance were as follows:

Pistol Shot wound of Liver

Homicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 6/29 1933

Where did injury occur? 3400 Gough St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Laceration of Liver

Nature of injury Pistol Shot Wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) [illegible] Coroner, M. D.

(Address) 1925 N Bethel Ave

M. D. B. 1268-9

91694 E 91694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 N Bentalou St. 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Jacobs

(a) Residence: No. 1730 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Saul

7. DATE OF BIRTH (month, day, year) 1866

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Wolf Jacobs

14. BIRTHPLACE (city or town) (State or country) Roumania

15. MAIDEN NAME Rebecca Jensen

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Saul Jacobs

(Address) 1730 N Bentalou st

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date July 2 1933

UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

FILED 7-2-1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25 1933 to June 30 1933

I last saw her alive on June 30 1933 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1928
Other contributory causes of importance: Pyelo-nephritis	6/25/33

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Entaw Pl

M. D. B. 1268-9

1695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91695

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH West Balto. Gen Hosp. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry Edward Ford Frank

(a) Residence: No. 3109 Milford Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 6/29/33

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Adolph Frank

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Grace G. Glenn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Adolph Frank

(Address) 3109 Milford Ave

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 3rd, 1933

18. UNDERTAKER Mr. Mrs. John D. Faulk & Son

(Address) 801 W. Fayette St.

19. FILED Huntington Williams, M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/29/33, 19 to 7/1/33, 19

I last saw him alive on 7/1/33, 19. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	6/29/33
Other contributory causes of importance: Prematurity (7 mo)	6/29/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John K Cronin, M. D.

(Address) W.B. & H

M. D. B. 1263-9

E 91696

HEALTH DEPARTMENT—CITY OF BALTIMORE

696

80

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 S Curley St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 11 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Joseph Miller

(a) Residence: No. 915 S. Curley St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Miller

DATE OF BIRTH (month, day, year) July 25 1868

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	64	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Planing mill

10. Date deceased last worked at this occupation (month and year) abt 6 yrs ago

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Dora Kuon

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Dora Kuon

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Rosa Rock

(Address) 1828 R Castle

BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cem Date July 4, 1933

UNDERTAKER John Wolfrik

(Address) 2005 Allamo

FILED July 5 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933 to July 1, 1933

I last saw him alive on June 30, 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	June 28
Arteriosclerosis several years	
no defined limit	

Other contributory causes of importance:

Senile atrophy no defined limit

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H. H. Young, M. D.

(Address) 1010 S. Ellwood Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91697

91697

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ... St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary C. Jackson

(a) Residence: No. 3008 Barclay St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of J. Ernest Jackson

DATE OF BIRTH (month, day, year) Aug. 21, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Arthur Merrill Rice

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alice Norwood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Whitaker, Clerk

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1933 to 6-30, 1933

I last saw h[illegible] alive on 6-30, 1933 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	?

Other contributory causes of importance:

Hypostatic Pneumonia	?

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-0

E 91698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91698

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ~~Street~~ Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John H. Reese

(a) Residence: No. 1634 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	white	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Late WIFE of~~ Phoebe A. Reese

6. DATE OF BIRTH (month, day, year) Feb 21st 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Reese

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Ann Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Reese Jones

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED July 4th 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to June 30 1933

I last saw him alive on June 30 1933 Death is said to have occurred on the date stated above, at 5 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno carcinoma of prostate with hypertrophy and obstruction	
Cystitis	
Pyelitis	

Other contributory causes of importance:

Name of operation Prostatectomy Date of 4-18-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller jr. M. D.

(Address) St. Josephs Hospital

D. B. 1268-9

✓ E 91699

91699 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 21-41 Ward)

Length of residence in city or town where death occurred 33 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary R. Ferguson.

(a) Residence: No. 215 Scott St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced
(or) WIFE of James R. Ferguson.

6. DATE OF BIRTH (month, day, year) September 19, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Edgar Hellerer.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Wilson.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT James R. Ferguson. (husband)
(Address) 215 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 3rd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non criminal abortion, Peritonitis	
Ocute Yellow atrophy of the liver	

Other contributory causes of importance:

Name of operation No. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto M Reinhardt Coroner ... M. D.
7/1/33 (Address) 1017 E. Charles St.

. D. B. 1268-9

91700 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91700

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 76-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN HEINLEIN.

(a) Residence: No. 714 S. Eaton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Heinlein.

DATE OF BIRTH (month, day, year) June 21 1868.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Annie Heinlein (Wife)
(Address) 714 S. Eaton St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 3 19 33

UNDERTAKER Lilly & Zuiler Inc.
(Address) 402 N. Howard St.

FILED 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ~ 19 . to ~ 19 .

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3:30 m P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N. Patterson Park

M. D. B. 1268-0

91701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91701

CERTIFICATE OF DEATH

122-002

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mrs Moritz Heller (Annie)

(a) Residence: No. 2107 Linden ave., Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Moritz Heller

6. DATE OF BIRTH (month, day, year): Aug. 27 1854

7. AGE: Years 78 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Austria

13. NAME: Abraham Shakmann

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Cecilia Heller

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto. Hebr. Cem. Date: July 3 1933

19. UNDERTAKER: Baird, Sondheim & Son

(Address): 1902 Eutaw Place

20. FILED: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to July 1, 1933

I last saw her alive on July 1, 1933 Death is said to have occurred on the date stated above, at 12:21 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Intestinal obstruction	5-29-33

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Richard Frank M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91702

E 91702

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Eastern Ave. St., 26-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. McNulty.

(a) Residence: No. 3600 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 29th. 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ashland Md.

13. NAME Andrew McNulty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ann Manna.

16. BIRTHPLACE (city or town) (State or country) England.

INFORMANT Mrs. Francis Shesrer

(Address) 3613 Liberty Heights Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date July 3/33, 19

UNDERTAKER Chas P. Sauerwein Son

(Address) 118 W. Mt. Royal Ave.

FILED 7-2-1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th. 1933.

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. O. Hergramb M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

M. D. B. 1268-9

91703

HEALTH DEPARTMENT—CITY OF BALTIMORE

91703

CERTIFICATE OF DEATH

82-101

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 St. Paul St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances L. Wagner

(a) Residence: No. 3038 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George J. Wagner

7. DATE OF BIRTH (month, day, year) June 12, 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Frederick J. Kalmey

14. BIRTHPLACE (city or town) ---------
(State or country) Germany

15. MAIDEN NAME Louisa Pfiefer

16. BIRTHPLACE (city or town) -------
(State or country) Germany

INFORMANT Wilmer W. Wagner

(Address) 548 W. University Parkway

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 7/3 1933

UNDERTAKER Henry U. Meary & Son

(Address) 805 N. Calvert Street

FILED ... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to 6-30, 1933.

I last saw h[illegible] alive on 6-30, 1933. Death is said to have occurred on the date stated above, at 8.00? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1925?
HYPERTENSION	"
CEREBRAL HEMORRHAGE	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John L. Toomey, M. D.

(Address) 129 St Paul St

H. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 91704

91704

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH Lemdale
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St. 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city ~~or town~~ where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Frida Klepfish

(a) Residence: No. Lemdale — St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Moses

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland.
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Sigmund Feuchtwanger.
(Address) Lemdale

BURIAL, CREMATION, OR REMOVAL
Pikesville Nat Cemet Date 7/2/33 19

UNDERTAKER Chas. Levi Inc
(Address) 1439 E. Baltimore St

FILED 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1 19 33

22. I HEREBY CERTIFY, That I attended deceased from 6-25-33 19 33 to 7-1 19 33

I last saw h[illegible] alive on 7-1 19 33. Death is said to have occurred on the date stated above, at 6.45 ~~A~~ P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic endocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H Edmund Levin M. D.
(Address) Levindale

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91705 91705

CERTIFICATE OF DEATH

Registered No. 82-004

1. PLACE OF DEATH Lemdale, Hebrew Home for Aged & Infirm (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. St. 27th Ward)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? 11 yrs. mos. da.

2. FULL NAME Ethel Adler

(a) Residence: No. Lemdale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1865 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sig Feinblatt
(Address) Lemdale

BURIAL, CREMATION, OR REMOVAL
Place New Lemdale Date 7-2- 1933

UNDERTAKER Jack Levine Inc
(Address) 1439 E. Baltimore St
Lemdale Williams Asst. Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1931 to July 1, 1933

I last saw h[illegible] alive on July 1, 1933. Death is said to have occurred on the date stated above, at 1.05 Am.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset
Hemiplegia, right

Other contributory causes of importance:
Senility, right eye.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edmund Levine, M. D.

(Address) Lemdale

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91706

CERTIFICATE OF DEATH

91706

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 Madison ave Ward) 42nd

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 20 yrs. ... mos. ... ds.

2. FULL NAME Fina Goldberg

(a) Residence: No. 2515 Madison ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Rudi

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Shyman

(Address) 2216 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Levia Mt Carmel Date 7/2/33. 19

19. UNDERTAKER Post Lyons Co

(Address) 1439 E. Baltimore St

20. FILED Hunting for Milton NH Registrar.

7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from February 19 28 to June 30 1933

I last saw h alive on June 30. 1933 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	10 yrs.
mitral stenosis	
mitral insufficiency	
aortic stenosis	
aortic insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 1810 Eutaw Pl.

D. B. 1268-9

91707 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91707

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Bolton St., 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Hollum Miller

(a) Residence: No. 1406 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced, DUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) about 1865 Apr

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 68	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John M. Miller

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Hollum

16. BIRTHPLACE (city or town) (State or country) Sudan

INFORMANT Henry Leroy Miller

(Address) 2130 Kirkdale Rd

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date July 31 1933

UNDERTAKER Stewart Monk Co.

(Address) Cor Monument Ave

Huntington Williams, M.D.
Registrar.

FILED Aug 1 1933

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Funk M. D.
Coroner

(Address) Govans

91708 E 91708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 William St. 24-01 Ward)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 28 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lisa Evelyn Ballard Buschmann

(a) Residence: No. 1211 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raymond A Buschmann

7. DATE OF BIRTH (month, day, year) June 2 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Percy Ballard

14. BIRTHPLACE (city or town) (State or country) Wash

15. MAIDEN NAME Florence Conway

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Raymond A Buschmann 1211 William St.

BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date 7-4 1933

UNDERTAKER Ehrhardt (illegible) (Address) 115 E. West St.

FILED ..... Huntington, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933, to June 30, 1933. That I saw h.r. alive on June 30, 1933. Death is said to have occurred on the date stated above, at 2P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary tuberculosis	1931
(b)	
(c)	
(d)	

Other contributory causes of importance: Pulmonary tuberculosis 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Taylor M. D.

(Address) 1349 Light St

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91709 E 91709

CERTIFICATE OF DEATH

X 12/ Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hut Church Home and Infirmary, 6 01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Heslem

(a) Residence: 2 Baltimore Road Bergen, Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Heslem

DATE OF BIRTH (month, day, year) October 16, 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington, D. C.

13. NAME John Heslem

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Clubmeier

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John Heslem (Address) Bergen Md

BURIAL, CREMATION, OR REMOVAL

Place Lutheran Date 7/3/33, 19

UNDERTAKER Faber & Sons (Address) 1311 Light St

FILED 1933 (Registrar) (Deputy Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933 to June 30, 1933

I last saw h... alive on June 30, 1933. Death is said to have occurred on the date stated above, at 11:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis acute perforated, with peritonitis.	June 24/33
Other contributory causes of importance: Myocarditis, acute, acquired	June 24/33

Name of operation Appendectomy Date of June 24/33

What test confirmed diagnosis? Pathology Was there an autopsy? Unc.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Richard C. Cumming, M. D.

(Address) Hut Church Home and Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91710

CERTIFICATE OF DEATH

Registered No. 91710

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Yeaton

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. [illegible] (Single, Married, Widowed, Divorced (write the word))
Male	White — Married

5. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola

DATE OF BIRTH (month, day, year) 9/7/71

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dist Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME [illegible] Yeaton

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Margaret E Doe

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Frankford Pa Date July 5 1933

UNDERTAKER John C Whitelaw Son

(Address) 1505 Eutaw Place

FILED [illegible] 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933 to July 1, 1933

I last saw him alive on July 1, 1933 Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Pulmonary Embolism	7-1-33

Other contributory causes of importance:

Perineal operation

Name of operation Perineal Prostatectomy Date of 6-24-33

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Floyd S. Lyons M. D.

(Address) Johns Hopkins

M. D. B. 1268-9

91711

Elkader

HEALTH DEPARTMENT—CITY OF BALTIMORE

91711

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer T Welsh

(a) Residence: No. 3707 Elkader Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Gertrude Welsh

6. DATE OF BIRTH (month, day, year): Oct 27-1885

7. AGE: Years 47; Months 8; Days 5; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Dept

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Patrick R Welsh

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Elizabeth Brandt

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Gertrude Welsh
(Address) 3707 Elkader Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: July 4th, 1933

19. UNDERTAKER: Margaret F. Flynn
(Address) 210 N Stricker St

20. FILED: July 3 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to July 2, 1933

I last saw ..... alive on July 2, 1933 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	
Mitral stenosis (valvular heart disease)	
Other contributory causes of importance:	
cardiac decompensation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.

(Address) St Josephs Hospital

ec.—12-8-25—A Co.—200 Pks.

1712

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91712

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

y of BALTIMORE: (No. 1360 St. Charles St., 9-01 Ward)

2-FULL NAME Alwena Strickler

(a) RESIDENCE NO. 1914 E. 29th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Strickler

ATE OF BIRTH (month, day, and year) Feb. 7-1879

GE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	4	23	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Bal. D. Md.

(State or country)

10 NAME OF FATHER Joseph Schwaing

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Dorothy Kauferder

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

Informant Mr. Wm B. Strickler

(Address) 1914 E. 29th St.

Filed 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30 1933

17 I HEREBY CERTIFY, That I attended deceased from June 18th 1933, to June 30th, 1933, that I last saw her alive on 6/30 1933, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? Not

What test confirmed diagnosis? Clinical

(Signed) A. Strauss, M. D.

, 19 (Address) 1360 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C. A. Co. Date of Burial July 3 1933

20 UNDERTAKER Margaret E. Flynn ADDRESS 2107 N. Milton Ave

D. B. 1268-9

91713 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91713

CERTIFICATE OF DEATH

191

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 8 N. Madeira St. 6-21 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amanda Reynolds

(a) Residence: No. 8 N. Madeira St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Reynolds

6. DATE OF BIRTH (month, day, year): About 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

13. NAME: James Aires

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

15. MAIDEN NAME: Amanda ------

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

INFORMANT: Anna Lockman

(Address): 8 N. Madeira St

BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: July 3rd 1933

UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

FILED ..... 19 ..... Huntington Williams Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h. alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset .....

Other contributory causes of importance:

Heat Prostration ??

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

M. D. P. 1268-9

91714

HEALTH DEPARTMENT—CITY OF BALTIMORE

91714

CERTIFICATE OF DEATH

45

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Dukeland St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wallace Sellman

(a) Residence: No. 1002 Dukeland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Georgie E. Sellman

DATE OF BIRTH (month, day, year): Nov. 21 1874

AGE: Years 58 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Sergt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 061

10. Date deceased last worked at this occupation (month and year): June 1938

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

13. NAME: Robert Sellman

14. BIRTHPLACE (city or town) (State or country): Montgomery Co. Md.

15. MAIDEN NAME: Elizabeth Gould

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Mrs Georgie Sellman

(Address): 1002 Dukeland Ave

BURIAL, CREMATION, OR REMOVAL: Prospect Cem. Mt Airy Md Date: July 3 1933

UNDERTAKER: Lon McKee Sons

(Address): North & Fayette

FILED: 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1932 to July 1 1933

I last saw him alive on July 1 1933 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Throat — Date of onset 3/10/32

Other contributory causes of importance:

Cardiac Failure — 6/29/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph H Faulkner M. D.

(Address) 1679 Wash Blvd

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91715

CERTIFICATE OF DEATH

53 E 91715

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 226 N. Mount St. St., 19-W Ward)

Length of residence in city or town where death occurred 9 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amos Paul Jr.(C)

(a) Residence: No. 226 N. Mount St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) September 25, 1920

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country) South Carolina.

13. NAME Amos Paul Sr.(C)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

15. MAIDEN NAME Ethel Hunter.(C)

16. BIRTHPLACE (city or town) (State or country) South Carolina.

INFORMANT Amos Paul Sr.(C) father.
(Address) 226 N. Mount St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-3- 19 33

UNDERTAKER Daniel Easton
(Address) 216 E. ...

FILED 7-3-1933 Huntington Williams N.P. Registrar 7/1/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of the left hip.	Jany. 1932

Other contributory causes of importance:

Name of operation Yes Date of 1932

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

7/1/33 Address 1017 E. Charles St.

M. D. B. 1268-9

✓ E 91716

E 91716 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St 17-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carzetta Nye

(a) Residence: No. 1227 Shields Alley, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Nye

6. DATE OF BIRTH (month, day, year) Aug 3 (?) 1885 (?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 ?	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Lewis Stultz

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place St Lukes Date 7-3 1933

19. UNDERTAKER Daniel Easton

(Address) 916 Cathedral

20. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933 to June 29, 1933

I last saw her alive on June 29, 1933 Death is said to have occurred on the date stated above, at 5-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?
Other contributory causes of importance:	
Metastases to Lung	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phagell M. D.

(Address) Balt. City Hosp.

AACo. 5-31 250B

Braun ✓

91717 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91717

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Home Government Asst. 25th St., 12-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Braun

(a) Residence: No. Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

DATE OF BIRTH (month, day, year) Dec. 13, 1859

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
73	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Elizabeth Braun

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Elizabeth Braun Sr

(Address) 127 Bentley Avenue

BURIAL, CREMATION, OR REMOVAL

Place Westview Cemetery Date July 4, 1933

UNDERTAKER Wm. J. Smith & Son

(Address) West Baltimore St.

FILED 7-3-33 Huntington Hobbs Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933, to July 1, 1933

I last saw her alive on July 1, 1933, death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	2 Days
Other contributory causes of importance: Chr. Interstitial Nephritis	1 yr.
Hypertension	1 yr.

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos J A Stevens, M. D.

7-3-33 (Address) 2878 Sturford Rd

M. D. B. 1268-9

1718

HEALTH DEPARTMENT—CITY OF BALTIMORE

91718

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Urban Cox

(a) Residence: No. 336 S. Topeka St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harvey Cox

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ethel Cox

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Harvey Cox

(Address) 336 S. Topeka St

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date 7/3/ , 1933

19. UNDERTAKER John L. Edward & Son

(Address) 1201 Walbrook Ave

20. FILED 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933 to July 1, 1933

I last saw h[illegible] alive on July 1, 1933 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cut laryngitis	6/28
Bronchopneumonia	6/25
Cut (myocarditis)	6/26

Other contributory causes of importance:

Name of operation Tracheotomy Date of 7/1

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Latimer , M. D.

(Address) Sydenham Hospital

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91719 E 91719

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH West Balto. General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 5 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Cameron (Adelaide Virginia Cameron)

(a) Residence: No. Sutton Ave. Woodlawn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lawrence W. Cameron

6. DATE OF BIRTH (month, day, year) June 10, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	-	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

13. NAME George P. Endy

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Florence A. GeCoue

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs. Lawrence W. Cameron
(Address) 5303 Linden Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Forrage Funeral Co. July 4 1933

19. UNDERTAKER Joseph B. Cook
(Address) 1003 E. Baltimore St.

FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1933, to 7/2, 1933

I last saw h.e.r. alive on July 2, 1933 Death is said to have occurred on the date stated above, at 5 to 6 a.m.

The principal cause of death and related causes of importance were as follows:

Surgical Shock — Date of onset 7/2/33
Hyperemesis gravidarum — May 1933
Extreme Emaciation &
Dehydration

Other contributory causes of importance:

~~Hyperemesis~~
Exophthalmic Goitre

Name of operation Therapeutic Abortion Date of 7/1/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Cozine M. D.
(Address) W.B.M.H.

D. B. 1268-9

E 91720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91720

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3937 Clovelly Rd (Ward) 47-01

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ora E Buchman

(a) Residence: No. 3937 Clovelly Rd., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel M Buchman

7. DATE OF BIRTH (month, day, and year) Sept 17 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackford North Carolina

13. NAME Dr Lafayette Thrasher

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sally Hogg

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Edythe Buchman Boyd

(Address) 3937 Clovelly Rd

BURIAL, CREMATION, OR REMOVAL Date July 3" 1933

Place London Park Cem

UNDERTAKER Joseph B Cole & Co

(Address) 1003 W Baltimore St

FILED JUL 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21 1933 to July 1st 1933

I last saw her alive on July 1 1933. Death is said to have occurred on the date stated above, at 4:30 P m

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset 1929

Other contributory causes of importance:

Carcinoma of Uterus

Date of 6 21 33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert E. Lee Sherwood M. D.

(Address) 711 W Lanvale St

M. D. B. 1268-9

91721

HEALTH DEPARTMENT—CITY OF BALTIMORE 91721

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 N Pratt St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A Rust

(a) Residence: No. 1321 N Pratt St., 19 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): March 18 1870

8. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of Father: William A. Rust

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME of Mother: Mary Hughes

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Charles A. Rust

(Address): 1321 N Pratt St

BURIAL, CREMATION, OR REMOVAL

Place: Western Cem Date: July 3, 1933

UNDERTAKER: Wagner & Spencer

(Address): 1102 Fremont Ave

FILED: 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/30/33

22. I HEREBY CERTIFY, That I attended deceased from June 30 '33 to June 30 '33, 19...

I last saw him alive on 6/30 '33 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: May 1933

Other contributory causes of importance:

Dorsalgia

Name of operation: None — Date of: —

What test confirmed diagnosis: Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No — Date of injury ... 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: X

Manner of injury: X

Nature of injury: X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) H. Lee Bowers M. D.

(Address) 1340 S Charles

M. D. B. 1268-9

91722 ✓ E 91722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 N. Regester Street St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Jeanette Silberzahn

(a) Residence: No. 1710 N. Regester Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of **** ---****---

7. DATE OF BIRTH (month, day, year) May 28, 1923.

8. AGE Years	Months	Days	If LESS than 1 day, hours or min.
10	I	I	#####

8. Trade, profession, or particular kind of work done, as spioner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis Silberzahn

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Nettie Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Louis Silberzahn

(Address) 1710 N. Regester Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date July 3, 1933

19. UNDERTAKER Percy J. Ruth Inc.

(Address) 1737 Wagner ave

20. FILED Huntington Williams, Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1933 to 6-29 1933

I last saw h alive on 6-29 1933 Death is said to have occurred on the date stated above, at 10:00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	3/27/33
Myocardial degeneration	4/24/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Daniel Miller M. D.

(Address) 1500 Broadway

M. D. B. 1268-9

1723 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91723

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 13-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Sampson

(a) Residence: No. 1017 W. 39th st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
(Husband) of
(or) WIFE of William H. Sampson

7. DATE OF BIRTH (month, day, year) Oct. 14, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pennsylvania

13. NAME William Clark

14. BIRTHPLACE (city or town) (State or country) York Pennsylvania

15. MAIDEN NAME Mary Tyler

16. BIRTHPLACE (city or town) (State or country) York Pennsylvania

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL Ind.
Place St Marys Ground Date July 5 1933

19. UNDERTAKER Walter Davis
(Address) 2345 Eutaw ave

20. FILED Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 24 1933 to July 2 1933

I last saw her alive on July 2 1933. Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1932
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

724

CERTIFICATE OF DEATH

208 E 91724

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Hospital St. 25-01 Ward

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Linderborn

(a) Residence: No. 1307 Cambria St., Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Russell Linderborn

6. DATE OF BIRTH (month, day, year) May 18 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Maurice Boldman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Ida M Young

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Russell Linderborn

(Address) 1307 Cambria at

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 3, 1933

19. UNDERTAKER John F Denny

(Address) 2 West st Huntington Williamsport, Md

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from inquest & autopsy to ..... 19.....

I last saw h alive on inquest + autopsy Death is said to have occurred on the date stated above, at 3:2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism following	6/30/33
Concussion of Brain	
Other contributory causes of importance:	
Automobile Accident	5/18/33

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 18 1933

Where did injury occur? Hanover St Bridge Middle Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Street car in which she was riding was struck by automobile

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E Madison St

M. D. B. 1268-9

1725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91725

CERTIFICATE OF DEATH

97-001

Registered No.

1. PLACE OF DEATH — Windsor Terrace

CITY OF BALTIMORE: (No. 5208 Overcrest Ave., St., 28th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Mary Jane Landy

(a) Residence: No. 5208 Overcrest Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William Landy

7. DATE OF BIRTH (month, day, year): Not Known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: out

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): E England

13. NAME: Henry Grant

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

INFORMANT: Mrs. Henry B. Ryland

(Address): 5208 Overcrest Ave.

BURIAL, CREMATION, OR REMOVAL

Place Bamberger's Cem. B. C. Date July 4, 1933

UNDERTAKER: John F. Denny

(Address): 913 Light St.

FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27 to July 1 1933

I last saw her alive on July 1st 2.25 1933 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/27
Other contributory causes of importance: Valvular Heart Trouble,	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Geo. F. Everhart M. D.

(Address) 710 Windsor Hill Rd

M. D. B. 1268-9

E 91726 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91726

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 N. Gilmor St. 19-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Hartman

(a) Residence: No. 28 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Frederick Hartman

7. DATE OF BIRTH (month, day, year): Oct. 1, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME Henry Rohoein

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT John F. Hartman

(Address) 2324 Harlem ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date July 3 1933

UNDERTAKER Harry A. Smith

(Address) 4104 E. Monument & ave

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1932 to June 29, 1933 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast.	2 yrs.
Other contributory causes of importance:	

Name of operation: Date of

What test confirmed diagnosis: Clinical Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Hell Hemming M. D.

(Address) 1200 Hollins St

7/1/33

D. H. 1268-9

✓ E. 91727

HEALTH DEPARTMENT—CITY OF BALTIMORE

91727

CERTIFICATE OF DEATH

22 E 91727

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 19-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertie E Graham

(a) Residence: No. 721 N Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

DATE OF BIRTH (month, day, year) June 13 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24		18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewing 069
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) N J.

13. NAME Millard F White

14. BIRTHPLACE (city or town) (State or country) N J.

15. MAIDEN NAME Maud Swank

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Maud Swank
(Address) 721 N Calhoun St

BURIAL, CREMATION, OR REMOVAL Cem N Lawn
Place Pleasant Hill Date July 5 1933

UNDERTAKER A. Jones
(Address) 111 E Fayette Street

Huntington Williams, Registrar

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h[illegible] alive on ..... 19 .. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify.

(Signed) B F Herrmann M. D.
Coroner

(Address) 1303 N Eutaw St

M. D. B. 1268-9

Lida S. Kernochan

E 91728 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91728

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH Union Memorial Hosp St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Lida S. Kernochan

(a) Residence: No. 215 E. N. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Kernochan

7. DATE OF BIRTH (month, day, year) June 25 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Mary Bramble

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Miss Mary Bramble

(Address) 215 E. N. Ave., Balto., Md.

BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem. Date July 5, 1933

UNDERTAKER John C. Mitchell & Sons

(Address) 1700 Eutaw Place

FILED ..... 19.. Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26th, 1933, to July 1st, 1933. I last saw ..... alive on ..... 19.. ; Death is said to have occurred on the date stated above, at 12m midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	?
Other contributory causes of importance: Intestinal Obstruction	5-20-33

Name of operation Resection Stomach Date of 6-16-32

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard Trance M. D.

(Address) Union Memorial Hosp

. D. B. 1268-9

91729

HEALTH DEPARTMENT—CITY OF BALTIMORE 91729

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. South Baltimore Gereral Hospital ward)

ength of residence in city or town where death occurred 30 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret L. White.

(a) Residence: No. 736 E. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

If married, widowed or divorced (or) WIFE of XXXXXXXXXX Charles White.

DATE OF BIRTH (month, day, year) August 10, 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert Gibson.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Anna Sherry.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Charles White. (husband)

(Address) 736 E. Fort Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 4, 1933

UNDERTAKER Chas. S. Stevens & Son

(Address) 1300 Eutaw Pl. Baltimore, Md.

JUL 3 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal obstruction
Peritonitis.

Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt Coroner M. D.

7/1/33 (Address) 1017 E. Charles St.

91730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-9 E 91730

REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE: (No. 9 Little Sister Ct. Pr. 10-Pl Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Bisciglia

(a) RESIDENCE NO. Little Sisters of the Poor, 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	87	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Italy

10 NAME OF FATHER Luigi Bisciglia

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Maria ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Sister Stanislaus Supr.
(Address) 1200 Valley St City.

Filed July 15 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1933, to July 1 1933, that I last saw h[illegible] alive on July 1 1933, and that death occurred, on the date stated above, at 12:20 p.m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Senility

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) L. M. C. Parker, M. D.
7/2, 1933 (Address) 111 N Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial July 5 1933

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Gremmel Ave

ice—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91731

91731

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of Poor St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret L. Gorman

(a) RESIDENCE NO. Little Sisters of the Poor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nun

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore

10 NAME OF FATHER Bernard Gorman

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Bridget McCondi

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant Sister Stanislaus Supr.

(Address) Little Sisters of the Poor Mt. Valley

Filed July 3 1933 Huntington Whitaker Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept — 1932 to July 2nd 1933, that I last saw h.r. alive on July 1st 1933, and that death occurred, on the date stated above, at 3:35 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma Serious

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lemuel McCosker, M. D.

7/3, 1933 (Address) 1114 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial July 3 1933

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Fremont Ave

M. D. B. 1268-9

91732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91732

92-001

97-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 Beaufort Ave. 97-01 (Ward)) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Peitz

(a) Residence: No. 5010 Beaufort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Peitz

7. DATE OF BIRTH (month, day, year) Nov. 29/1863

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Fink

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louis Laumann
(Address) 5010 Beaufort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 3/33 19

19. UNDERTAKER M. E. Muller & Son
(Address) 3334 Eastern Ave.

20. FILED [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible], 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible] to [illegible] 19[illegible]

I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	
[illegible]	
[illegible]	
[illegible]	

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

E 91733 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91733

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-ol Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank Rucker

(a) Residence: No. 1017 Pennsylvania Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Grahgm West Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Addie Rucker
(Address) 622 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date July 4th 1933

19. UNDERTAKER Wm Coot
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

3-1933 Huntington Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23d, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933, 19... to July 23d 1933 19...
I last saw him alive on July 23d, 1933. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peri-arteritis nodosa	2-1932
Other contributory causes of importance: Myocardial failure Acute Hyperchlorides	6-20-33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Milford H. Decker, M. D.

(Address) Univ. Hospital

D. H. 1268-b

E 9173 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91734

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 437 Argyle St., 17-01 Ward)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wesley Lloyd.

(a) Residence: No. 437 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
If married, widowed, or divorced
HUSBAND of (or) WIFE of: Margaret Lloyd.
6. DATE OF BIRTH (month, day, year)
7. AGE: Years: 59; Months: ; Days: ; If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore Md
13. NAME OF FATHER: Stephen Lloyd
14. BIRTHPLACE (city or town) (State or country): St. Mary's Co Md
15. MAIDEN NAME OF MOTHER: Mulvey
16. BIRTHPLACE (city or town) (State or country): St Marys Co Md
17. INFORMANT: Margaret Lloyd
(Address): 437 Argyle St
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: 7/3/33
19. UNDERTAKER: Saml P Hinkley
(Address): 5784 Bidwell
20. FILED 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30th 33
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..
I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 91735 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 91735

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 Vine St. (Ward) 4-01

2-FULL NAME Sarah Lewis

(a) RESIDENCE NO. 716 Vine St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred) 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Vincent Lewis

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

Informant: Mrs. Mayo Bellamy

(Address) 720 Vine St.

Filed 7-3-1933 Hunting for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30- 1933

17 I HEREBY CERTIFY, That I attended deceased from 6/10, 1933, to 6-30, 1933,

that I last saw h alive on 6/29, 1933,

and that death occurred, on the date stated above, at 5 55 p m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardio vascular renal

(duration) about 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Jackson M. D.

7/1, 1933 (Address) Govans Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: July 3, 1933

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322½ Schroeder St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91736

E 91736

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2641 Brenner St. St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Edward Stewart

(a) Residence: No. 2641 Brenner St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie

DATE OF BIRTH (month, day, year) Nov 11 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward Stewart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ira Stewart Husband

(Address) 2641 Brenner St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 13 1933

UNDERTAKER Wm H Holtz & Son

(Address) 1122 E Fairmount Ave

Thomas Williams M.D.
Registrar

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to January 12 1933

I last saw h[illegible] alive on January 12 1933 death is said to have occurred on the date stated above, at 3:26 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia — Date of onset May 1 1933
Tuberculosis Pulmonary — 1

Other contributory causes of importance:

Carcinoma of Stomach — 1
Arteriosclerosis — 1

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Hall, M. D.

(Address) 426 E. 33 St.

Spec—12-23-21—E.B.R.S.—400 Bks.

91737

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91737

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No 1300 N. Bruce 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett D. Lawson

(a) Residence No. 1300 N. Bruce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 21 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) Oct. 2, 1931

8-AGE. 1 8 29 yrs. 21 mos. ds.

If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

10-NAME OF FATHER, Manford Lawson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Isabella Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md.

(Informant) Isabella Brown

(Address) 1300 N. Bruce St.

8 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 1, 1933

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 1 1933

that I last saw her alive on July 1 1933

and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? History

(Signed) John S. Quinn, M. D.

July 1, 1933 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, 7/3/33

20-UNDERTAKER, Thomas C. Olson

ADDRESS 1383 Pressman

LaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

738

CERTIFICATE OF DEATH

9 E 91738

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Laurens St. 16-C Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Ivan Butler

(a) Residence: No. 1721 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Infant

If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME (Father) Leonard F. Butler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME (Mother) Emma Young

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Leonard F. Butler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 7/3/33 19

19. UNDERTAKER Thomas C. Nelson & Sons
(Address) 1303 Pennsylvania Ave Huntington West Virginia

20. FILED 7-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933 to July 1, 1933
I last saw h[illegible] alive on July 1, 1933 death is said to have occurred on the date stated above, at 3.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	6-26-33
Other contributory causes of importance: Whooping Cough	6 Wks.

Name of operation Thyroid Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. R. Wright M. D.
(Address) 120 E Preston Ave

E 91739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 91739

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Highfield Road T. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Mitchell Leffler

(Residence in Baltimore: No. 303 Highfield Road St.; 70 yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 20 (Month) ..... (Day) 1881 (Year)

7-AGE: 52 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs., ... or ..... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): None

037

9-BIRTHPLACE (State or country): Perryman. Md

PARENTS

10-NAME OF FATHER: Harry E. Mitchell

11-BIRTHPLACE OF FATHER (State or country): Perryman, Md.

12-MAIDEN NAME OF MOTHER: Rosina Rickey

13-BIRTHPLACE OF MOTHER (State or country): Bristol, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Joseph W. Leffler

(Address) 303 Highfield Road

15- 1933 Huntington Williams, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 7/2 (Month) (Day) 1933 (Year)

17-I HEREBY CERTIFY, That I attended deceased from 7/2 12 M, 1933, to, 7/2 - 12 PM 1933, that I saw ..... alive on 7/2 1933, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) mos. 4 ds.

Contributory (SECONDARY) Arterio Sclerosis

(Duration) 5 yrs ..... mos. ..... ds.

(Signed) Henry F. Buckley M. D.

7/2, 1933 [Address] Reisterstown

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State 28 yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Sequtia Cemetery Perryman, Md.

DATE OF BURIAL: July 4, 1933

20-UNDERTAKER: Joseph Cook

ADDRESS: 1003 West Baltimore, Md.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

91740

CERTIFICATE OF DEATH.

97 E 91740

REGISTERED NO.....

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th St & Keswick Rd 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Katherine T. Bourne

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
DAUGHTER of
(or) WIFE of Thomas H. Bourne

DATE OF BIRTH (month, day, and year) July 21 1867

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	11	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Andrew J. Finney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan Bunting

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant (Address) Hospital Records.

Filed ..... 19 Huntington Williams, M.D. Registrar

-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 - 1933.

17
I HEREBY CERTIFY, That I attended deceased from June 17 . 1933 . to July 1 . 1933
That I last saw her alive on July 1 . 1933
and that death occurred, on the date stated above, at 11 35 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis - not known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam

(Signed) W. B. Mayo M. D.
7/2, 1933 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL July 4 1933

20 UNDERTAKER Henry W. Jenkins Sons Co. — ADDRESS McCulloh & Richardville

M. D. B. 1268-9

91741

HEALTH DEPARTMENT—CITY OF BALTIMORE

91741

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 1201 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Austin Dunning

(a) Residence: No. 4 East 32nd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~70~~ 69	70	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager Coal Dr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Henry Dunning

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Etta Carpenter

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Earnest L. Dunning

(Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 4th 1933

19. UNDERTAKER Henry H. Sands & Son

(Address) Eutaw & Fayette Sts. Baltimore, Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26th 1933, to July 3 1933.

I last saw him alive on July 3 1933. Death is said to have occurred on the date stated above, at 6.03 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	6/23/33
Chronic Vascular nephritis	
Hypertension	
Arteriosclerosis	
Other contributory causes of importance: Diabetes mellitus	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Francis M. D.

(Address) Union Memorial Hospital

M. D. F 1268-9

91742 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91742

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3308 Elgin Ave St. 16-01 Ward)
Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Estelle Sanford
(a) Residence: No. 2407 Chelsea Ter. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas E.

DATE OF BIRTH (month, day, year) Mar 3 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	28 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework life
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 037

BIRTHPLACE (city or town) Balto
(State or country) Md.

13. NAME David Hopkins
14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Emma Bandle
16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Vernon Sanford
(Address) 3308 Elgin ave.

BURIAL, CREMATION, OR REMOVAL
Place Leader Pk Date July 4. 1933

UNDERTAKER Com Jackson Sons
(Address) North and Penn

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1933

I HEREBY CERTIFY, That I attended deceased from June 26 1933 to July 2 1933

I last saw h.. alive on July 2 1933. Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Coronary Disease	2.

Other contributory causes of importance:

Name of operation Autopsy Date of 7-4-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Adam B Ruman M. D.
(Address) 115 N. Patterson Pk

M. D. F 1268-9

91743

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91743

172-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 W North Ave 15-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence India Griffith

(a) Residence: No. 2924 W. North Ave., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm H. Griffith

DATE OF BIRTH (month, day, year) Sept 8, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md.

13. NAME Henry King

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Amanda E. Harvey

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mr. Wm H. Griffith

(Address) 2924 W. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 5 1933

UNDERTAKER Wm Tickner & Sons

(Address) North & Pa Aves.

FILED ... Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26th, 1933 to July 2nd, 1933

I last saw h... alive on July 2, 1933 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	July 33

Other contributory causes of importance:

Uraemia — Toxaemia —

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M P Byerly M. D.

(Address) 204 Eutaw St.

M. D. B. 1268-9

91744 HEALTH DEPARTMENT—CITY OF BALTIMORE 91744

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3234 Belair Road St. 8-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William C. Weyraugh

(a) Residence: No. 3234 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Weyraugh

7. DATE OF BIRTH (month, day, year) June 30 1856

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME George Weyraugh

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Hornig

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs. Margaret Wooden

(Address) 3234 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Cem Date July 3 1933

19. UNDERTAKER George W. Zirkler

(Address) 1237 E Eager St

FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933 to June 30 1933

I last saw h[illegible] alive on June 25 1933 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Penetration	

Other contributory causes of importance:

Mitral Regurgitation
Heart Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) Gustave G. Zerbe M. D.

(Address) Lombard

M. D. B. 1268-9

91745 E 91745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Parkmont ave St. 26-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Augusta F. Giese

(a) Residence: No. 4305 Parkmont ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard R. Giese

6. DATE OF BIRTH (month, day, year) May 18 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Charles Nealon

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Richard R. Giese

(Address) 3215 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem Date July 5 1933

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED Huntington Ave. Station

7 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 1933 to July 1 1933

I last saw h[illegible] alive on July 1st 1933. Death is said to have occurred on the date stated above, at 6.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1933
Chr. Inf. Arthritis	1924

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. Kaelin M. D.

(Address) 3502 Fait Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F. 91746 — 91746 — V54-002

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Johnson Annapolis Md.

(a) Residence: No. 200 O'Barry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

6. If married, widowed, or divorced
H[illegible] of
(or) WIFE of A. Thomas (Same)

DATE OF BIRTH (month, day, year) Dec 16 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Snowden

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Date July 5 1933

UNDERTAKER Charles E. Fleig Jr

(Address) 34 [illegible] Hanover St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8 1933 to July 2 1933

I last saw her alive on July 2 1933 Death is said to have occurred on the date stated above, at 11 [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

Myomata Uteri — Date of onset

Intestinal Obstruction

Other contributory causes of importance:

Name of operation Hystero-Myomectomy Date of 6-9-33

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M B Woodward M. D.

(Address) Johns Hopkins Hospital

...c.—1-30—M. & T.—250 Blks.

91747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91747

CERTIFICATE OF DEATH.

√82-001

REGISTERED NO. 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

...TY OF BALTIMORE: (No.) 3411 Brambleton Rd ST. 27-01 WARD)

2-FULL NAME Myron Bernheimer

(a) RESIDENCE NO. 3411 Brambleton Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

...ngth of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

If married, widowed, or divorced HUSBAND of Late Ida J Bernheimer
~~or WIFE~~ of

...ATE OF BIRTH (month, day, and year) June 2-1856

...GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	0	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired - Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Store

(c) Name of employer Bernheimers

...IRTHPLACE (city or town) (State or country) New York City

...0 NAME OF FATHER Abraham Bernheimer

...1 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

...2 MAIDEN NAME OF MOTHER Barbara Schuff

...3 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant M. Bernheimer (Brother)
(Address) Temple Garden Apts

Filed ... 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2. 33

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1933, to July 2, 1933, that I last saw h... alive on July 2, 1933, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

arterio sclerosis

(duration) 5 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I Frederick Lutz, M. D.

7-3, 1933 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shel Shalom Cemetery — DATE OF BURIAL 7/4/1933

20 UNDERTAKER J Thomas & Co — ADDRESS 2452 Eastern Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91748

CERTIFICATE OF DEATH

X 211 E 91748

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland C Jewett

(a) Residence: No. 6 Fairmont Ave, Balto. Co., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine

6. DATE OF BIRTH (month, day, year) May 13, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Dept

10. Date deceased last worked at this occupation (month and year) 1933 (a) Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Massachusetts

12. NAME OF FATHER Dana Jewett

13. BIRTHPLACE (city or town) (State or country) Massachusetts

14. MAIDEN NAME OF MOTHER Judson

15. BIRTHPLACE (city or town) (State or country) Unknown

16. INFORMANT Katherine Jewett

(Address) 6 Fairmont Ave Balto Md

17. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery 7/7 1933

18. UNDERTAKER Frank H. Newell

(Address) Catonsville Md

19. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3 1933 to July 3 1933

I last saw him alive on July 3 1933 Death is said to have occurred on the date stated above, at 9 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp Fracture of Skull	7/3/33
Other contributory causes of importance: Motorcycle Accident	7/3/33

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/3 1933

Where did injury occur? In front of 3311 Taylor Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Motorcycle he was riding skidded

Nature of injury threw him into a steel pile

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H Fokens Coroner, M. D.

(Address) 2201 E Monument

D. B. 1268-9

91749 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91749

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Laurens St., 14-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Talbott

(a) Residence: No. 420 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE 46 Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1870 | 11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME of Father

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME of Mother

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wilson Rasso, Relative
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Paris Kentucky Date Aug 2nd, 1933

19. UNDERTAKER Archibald O. Geddis

(Address) 2101 W. Baltimore St.

19a. Date 8 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

D. B. 1268-9

1750 HEALTH DEPARTMENT—CITY OF BALTIMORE 1750

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Broadnt Hospital 12-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard Butler

(a) Residence: No. 1702 Brentwood St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Virginia

10. NAME OF FATHER Edward Butler

11. BIRTHPLACE (city or town) (State or country) Va.

12. MAIDEN NAME OF MOTHER Ellen Jackson

13. BIRTHPLACE (city or town) (State or country) Va

14. INFORMANT C. H. Ross

(Address) 722 Walnut St Allentown Pa

15. BURIAL, CREMATION, OR REMOVAL

Place Wilmington Del. Date 7/3/33 19

16. UNDERTAKER Arnold J. Feinsley

(Address) 528 N Bradford

17. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury & Autopsy 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage & Hemorrhage involving cervical spinal cord	6/24/33
Other contributory causes of importance: Contusion Abrasion	6/24/33

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/24 1933

Where did injury occur? Allen near 5th Ext Pk (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Accident

Manner of injury Struck by auto while

Nature of injury Running across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Thorns M. D. Coroner

(Address) 2200 E Madison

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91751

CERTIFICATE OF DEATH

V 53 E 91751

Registered No.

1. PLACE OF DEATH 4664 York Road

CITY OF BALTIMORE: (No. City ... 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Malcolm Fergusson

(a) Residence: No. 4664 York Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: WIFE of Charlotte Lisle Harrison

DATE OF BIRTH (month, day, year) January 26 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minck & Steinbrecher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charles County Md

13. NAME OF FATHER William Cutler Fergusson

14. BIRTHPLACE (city or town) (State or country) Katherine Fergusson Charles County

15. MAIDEN NAME OF MOTHER Katherine Fergusson

16. BIRTHPLACE (city or town) (State or country) Charles County Md

INFORMANT John Matthew Fergusson

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date July 5 1933

UNDERTAKER John Burns Sons

(Address)

Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1932 to July 3 1933

last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelial Carcinoma	Oct 32
Other contributory causes of importance: None	Nov

Name of operation ... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. H. Paul M. D.

(Address) 205 Charles St

Spec.—9-30—A. & Co.—250 Bks.

752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91752

V82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Bon Secours Hosp. St. 16-01 WARD)

2-FULL NAME Edwin L. Gladfelter

(a) RESIDENCE NO. 138 W. Fulton Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Gladfelter

DATE OF BIRTH (month, day, and year) 8-20-1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	10	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Louis E. Gladfelter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Anna Bangert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mary E. Gladfelter
(Address) 138 W. Fulton Ave

Filed ..... 19 ..... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3-33

17

I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to July 3rd, 1933, that I last saw him alive on July 3rd, 1933, and that death occurred, on the date stated above, at 12:42 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert H. Ollison M. D.

....., 19 ..... (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary Cem. Govans	7/5 1933
20 UNDERTAKER	ADDRESS
Geo. A. Farley	Sulphur Springs

D. B. 1263-9

91753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 91753

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5209 Springlake Way St. 2701 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Hertel

(a) Residence: No. 5209 Springlake Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Hertel

6. DATE OF BIRTH (month, day, year) Sept. 9, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Augustus Hertel

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Regina Ritter

16. BIRTHPLACE (city or town) -------
(State or country) Germany

17. INFORMANT Mrs. Edw. G. Letzkus Sr.
(Address) 5209 Springlake Way

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 7/5 1933

19. UNDERTAKER Henry C. Mears & Son
(Address) 805 N. Calvert St.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to July 1, 1933

I last saw her alive on July 1, 1933. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	1 yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Letzkus M. D.

(Address) Towson Md.

aCo. 5-11 2508

91754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91754

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W. Lexington St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice V. Enos

(a) Residence: No. 1404 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Aug. 30, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	3 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confirmed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Robert E. Enos

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Sarah Ford

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Records of Aged Women's Home
(Address) 1404 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 5 1933

UNDERTAKER George Gebhardt
(Address) 1532 Pulliam St.

FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1929, to July 3, 1933

I last saw her alive on July 2, 1933, death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Acute dilatation	1 3

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Lane Moore, M. D.

(Address) Franklin Square Hospital

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91755

CERTIFICATE OF DEATH

E 91755

93-003

13-01

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2403 Reisterstown Road St. ..... Ward)

ngth of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta Cohn

(a) Residence: No. 2403 Reisterstown Road. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Isadore Cohn

DATE OF BIRTH (month, day, year) July 29, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) New York
(State or country)

13. NAME Julius Dreyer

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Hannah Cohen

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. H. Cohn
(Address) 2403 Reisterstown Road

BURIAL, ~~CREMATION, OR REMOVAL~~
Place Hebrew Friendship Date July 5, 1933

UNDERTAKER Abrid Sondheim & Son
(Address) 1902 Eutaw Place

FILED 1933 Huntington Williams N.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1931, to July 3rd, 1933

I last saw her alive on July 3rd, 1933. Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy dilatation	1931
Hypertension	1931
arteriosclerosis	1931
Hemaplygia	1931
Other contributory causes of importance:	
myocardial degeneration	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. A. Michelson, M. D.

(Address) 2230 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

91756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91756

CERTIFICATE OF DEATH.

V 48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 N. 26th St. (Ward) 12-01

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lettie M. Buchman

(a) RESIDENCE NO. 2 N. 26th St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Buchman

DATE OF BIRTH (month, day, and year) Aug 29th 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
49	~~10~~	10	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Louis Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Caesarea

12 MAIDEN NAME OF MOTHER Louisa Werner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md

Informant Geo. H. Buchman

(Address) 2 N. 26th St.

Filed 1933. H. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2/1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to July 2, 1933, that I last saw h[illegible] alive on July 1, 1933, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Uterine Cancer

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Laboratory Exam Specimen Taken

(Signed) Wm. S. Love, M. D.

7/4, 1933 (Address) 2211 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL July 5-1933.

20 UNDERTAKER Charles J. Schwab ADDRESS 508 N. Monroe St.

10:30 at Linac E 91757

D.R. 91737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 N. Rodgers Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Michael Hartz

(a) Residence: No. 2500 N. Rodgers Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Hartz

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Wife

(Address) Home

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Hebrew Cem. Date 7/4/33 19

UNDERTAKER Jack Lewis Inc

(Address) 1737 E Baltimore St

FILED 7/5/33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/5 . 19 32 . to 7/3 . 19 33

I last saw h[illegible] alive on 7/3 . 19 33 . Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1932
Other contributory causes of importance: Bronchopneumonia	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M Zontag M.D.

(Address) 23 E. Eutaw Pl

D. B. 1268-9

Aiken

E 91758

E 91758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 27-81 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME Issac Aiken

(a) Residence: No. Levendale Aged Home-Greenspring Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Aiken

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Mt. Carmel Date 7-4-33 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto. St.

FILED 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/2/33
Other contributory causes of importance: Fracture left femur	7/1/33
Diabetes- Arteriosclerosis	??

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury July 1/33

Where did injury occur? Levendale
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell down step from entrance

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 508 E [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91759 91759

CERTIFICATE OF DEATH

154

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Charles Goldmann

(a) Residence: No. 2324 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 16 1927

AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	5	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Harry Goldman

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Vera Cohen

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Mrs Goldman

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 7-4 1933

UNDERTAKER Sol Levin Inc

(Address) 1431 E. Baltimore St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-2 1933 to 7-4 1933

I last saw him alive on 7-4 1933 Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (Staph.)	6 days
Meningitis (Staph.)	
Other contributory causes of importance:	
Osteomyelitis of lumbar spine	?

Name of operation Lumbar laminectomy Date of 7-3-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) August Robert Cohen, M. D.

(Address) Sinai Hospital

M. D. H. 1268-0

1760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91760

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. 20-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Landwehr

(a) Residence: No. 113 S. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Landwehr

DATE OF BIRTH (month, day, year) ? July 28/1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm Hagle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Weltzien

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Richard S.

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date July 4, 1933

UNDERTAKER George F. Lehnert

(Address) 2101 Frederick Ave

FILED 19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933 to July 2, 1933.

I last saw h alive on July 2, 1933 Death is said to have occurred on the date stated above, at 10 60 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1 wk
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. D. Magill, M. D.

(Address) Balt City Hosp.

D. B. 1268-9

1761

HEALTH DEPARTMENT—CITY OF BALTIMORE

1761

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Walnut Ave St. 6 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Dorsey Peddicord

(a) Residence: No. 1104 Walnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Peddicord

DATE OF BIRTH (month, day, year) Aug 9, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edmund Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Isabelle Worrell

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Harry C. Peddicord

(Address) 1104 Walnut Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Cem. Date July 5, 1933

UNDERTAKER Easton Sons

(Address) Ellicott City

FILED J- 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 3, 1933

I last saw her alive on July 1, 1933. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5
Angina Pectoris	2 mos.
Coronary Thrombosis	-

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benjamin Brooks, Jr., M. D.

(Address) 9 E. Chase St.

D. B. 1268-0

762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV46 E 91762

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. [illegible] St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frederick Auerengesser

(a) Residence: No. Olula Delphia Road Balto Co. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 4th 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	[illegible]	10	31	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation 015

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

13. NAME Frederick Auerengesser

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Catharine Kellermann

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Record
(Address) Church Home Balto

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 6 1933

19. UNDERTAKER Fredrick J. Langdon Sons
(Address) 1401 Baltimore Road.

20. FILED [illegible] 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-29 1933 to 7-3 1933

I last saw h[illegible] alive on 7-3 1933 Death is said to have occurred on the date stated above, at 11:25 Pm

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Esophagus — Date of onset 3 mos.

Other contributory causes of importance:

Myocardial failure
Arterio-sclerosis with
Cerebral Hemorrhage — Date of onset 5-1-33

Name of operation Resection Ca of Esophagus Date of 6-30-33

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Ewald H. Jordan, M. D.

(Address) Church Home and Infirmary

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91763

CERTIFICATE OF DEATH

108 E 91763

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St. 28-21 Ward)

Length of residence in city or town where death occurred ---yrs---mos---ds. How long in U. S. If of foreign birth? yrs mos ds.

FULL NAME William E. Woolridge.

(a) Residence: No. Mallow Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Cecil Co. near

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced — WIFE of XXXXXXXX / HUSBAND of XXXXXXXX: Frances Woolridge.

7. DATE OF BIRTH (month, day, year) Do not know.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia.

13. NAME: Do not know.

14. BIRTHPLACE (city or town) (State or country): Do not know.

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT: Rev. Edward A. Williams.

(Address) St. Marks Church, Catonsville.

18. BURIAL, CREMATION, OR REMOVAL

Place Old Mary Clay Date July 5, 1933

19. UNDERTAKER: Eaton Bros.

(Address)

20. FILED JUL 4 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ---, 19--- to ---, 19---

I last saw h--- alive on ---, 19--- Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Arterio Sclerosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ---, 19---

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo. H. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91764 E 91764

CERTIFICATE OF DEATH

72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Norfolk ave St., 15-01 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Kaminsky

(a) Residence: No. 3917 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year) Sept 25 18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Oscar Kaminsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dora Rufeldt

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Kaminsky

(Address) ~~633~~ 3917 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jewish Cem Date July 4 1933

19. UNDERTAKER A. L. Furman & Bro

(Address) 1127 E Baltimore st

Huntington Williams M.D.
Registrar.

Filed 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932 to July 3 1933

I last saw h. alive on July 3 1933 Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	Oct 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Lichtenstein, M. D.

(Address) 1810 Eutaw Pl.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91765 91765

46

CERTIFICATE OF DEATH

91765

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Woodbourne Ave. St., 27-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence M. Frock

(a) Residence: No. 707 Woodbourne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of R. Lee Frock

6. DATE OF BIRTH (month, day, year) Nov. 17th. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

13. NAME OF FATHER John Moran

14. BIRTHPLACE (city or town) Balto Co.
(State or country) Maryland

15. MAIDEN NAME OF MOTHER Elizabeth Crager

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

17. INFORMANT R. Lee Frock
(Address) 707 Woodbourne Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Presbyterian Cem. Date July 6" 1933

19. UNDERTAKER Joseph F. Cole
(Address) 1003 N. Bals. Ave.

20. FILED July 6 - 1933 Wilmington, N. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July, 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15 1933 to July 4 1933

I last saw h. alive on July 3 1933 Death is said to have occurred on the date stated above, at 12 35 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset about Jan 1933

Other contributory causes of importance: Hemorrhage (per Bowel) July 2/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reginald J. Tonry, M. D.

(Address) 1442 North Ave.

M. D. B. 1268-9

91766 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91766

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2115 Callow Avenue St., 13-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Frederick Kaiser

(a) Residence: No. 2115 Callow Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leonora W. Kaiser

DATE OF BIRTH (month, day, year) December 21, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	12 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Floor Coverings

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Frederick Kaiser

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Marie Grabfelder

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. Charles A. Kaiser

(Address) 2115 Callow Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 5 1933

UNDERTAKER Lasch & Hook

(Address) 1003 W. Baltimore St.

FILED 7-5-1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to July 3 1933

I last saw him alive on July 2 1933 Death is said to have occurred on the date stated above, at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norman W. Dodd M. D.

(Address) 735 N. Fulton Ave.

D. B. 1268-9

1767

HEALTH DEPARTMENT—CITY OF BALTIMORE

FB 91767

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Tremont Road St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Dill

(a) Residence: No. 210 Tremont Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Irene J. Dill

6. DATE OF BIRTH (month, day, year) March 14, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) October 1931

11. Total time (years) spent in this occupation 51 yrs

12. BIRTHPLACE (city or town) Georgetown,
(State or country) Washington, D. C.

13. NAME OF FATHER Conrad Dill

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME OF MOTHER Elizabeth Evans

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Irene J. Dill
(Address) 210 Tremont Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 5 1933

19. UNDERTAKER Joseph B. Cook
(Address) 1005 E. Baltimore St.

20. FILED July 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to July 2 1933

Last saw him alive on July 1st 1933 Death is said to have occurred on the date stated above, at 2.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Cohn M. D.

(Address) 2145 W. Baltimore St.

M. D. P. 1268-9

Reardon

91768 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 53 E 91768

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 301 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathew Reardon

(a) Residence: No. 732 Little Second St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Mary Reardon

DATE OF BIRTH (month, day, year) 7/17/1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Capt Black

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Mathew Reardon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McGuinness

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Loretta Dobler

(Address) 732 Little Second St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 5th 1933

UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1933 to 7/3, 1933.

I last saw him alive on 7/3, 1933 Death is said to have occurred on the date stated above, at 7-45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of glandular neck	
Other contributory causes of importance: Bronchopneumonia	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas Bruce Schaefer M. D.

(Address) Balto City Hosp

Co. 5-11 250B

91769 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91769

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Dorchester St. 15-21 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

FULL NAME John A Warren

(a) Residence: No. 3313 Dorchester St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Bracken

DATE OF BIRTH (month, day, year) Sept. 5th 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Circulation Mgr. Gr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc A. S. Abell Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Hugh Warren

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Cohan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Raymond English

(Address) 3313 Dorchester Road

BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date 7/5/ 1933

UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

FILED ... Washington Ave. Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 19 33, to July 2nd, 19 33

I last saw him alive on July 1st, 19 33, death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset ...

Other contributory causes of importance:

Marasmus Exhaustion — Date of onset 2 mos

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Percy O McCann M. D.

(Address) 4000 Pauper St

V. D. R. 1268-9

91770 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91770

CERTIFICATE OF DEATH

93-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2018 Whittier Ave St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S, If of foreign birth? yrs. mos. da.

2. FULL NAME Rebecca Chayett (Hyatt)

(a) Residence: No. 2018 Whittier Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louis

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Samuel Silver

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Blanch

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mat Chayett or Hyatt

(Address) 2018 Whittier ave

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date July 5 1933

UNDERTAKER Sol Levinson + Bro

(Address) 1127 E Balto St.

FILED July 6 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4 1933 to July 4 1933

I last saw h[illegible] alive on 7/4 1933 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 hrs
	4 yrs

Other contributory causes of importance:

Acute Cardiac dilatation	1 hr
	yrs

Name of operation None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2018 Whittier Ave

M. D. B. 1268-9

John M. Schmitt

E 91771 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91771

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 429 E Gittings St., 2-4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Schmitt.

(a) Residence: No. 429 E Gittings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 16 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	7	16/17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&ORR. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER John Schmitt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Katherine Kreber

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Jos. J. Schmitt

(Address) 542 E Clement

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross cem. Date 7-6 th 1933

UNDERTAKER E & B Hafer

(Address) 115 E First St

FILED 7-6 1933 Wm. F. Fellows, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to July 2 1933

I last saw h.. alive on July 2 1933 Death is said to have occurred on the date stated above, at 7.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	6 mos
Other contributory causes of importance:	
Chronic Nephritis	7 mos

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Wheeler M. D.

(Address) 1229 Mulberry St

E 91772

M. D. B. 1268-9

91772

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 21-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME James Carlisle JAMES DIGIVAN CARLISLE

(a) Residence: No. 1008 Ridgely St St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 6 1921

AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
11	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm. H Carlisle

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Ellen M Duckett

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Wm. H Carlisle

(Address) 1008 Ridgely St

BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 7-7-33

UNDERTAKER Bernard C Harlow

(Address) 1000 E Pratt St

FILED 7-1933 by Wm. H. Carlisle NP Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933 to 7-4, 1933

I last saw him alive on 7-4-, 1933 Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	4-33

Other contributory causes of importance:

Pulmonary T.B

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.....

(Signed) J. Dixon Moores, M. D.

(Address) Franklin Sq Hosp

M. D. B. 1268-9

E 91773 HEALTH DEPARTMENT—CITY OF BALTIMORE 91773

CERTIFICATE OF DEATH

Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 N. Gilmor St. 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Brown

(a) Residence: No. 1531 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Columbus Brown

7. DATE OF BIRTH (month, day, year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 0?0

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Thomas Butler

(Address): 1537 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: July 5 1933

19. UNDERTAKER: Lemuel Easton

(Address): 916 Penna Ave

DATE: July 1933 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3 — 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to July 3 1933

last saw h alive on July 2 1933 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

Rheumatism

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Coleman M. D.

(Address) 2032 E. Baltimore

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91774

CERTIFICATE OF DEATH

130 E 91774

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE (No. 1336 N mount ST. 15-01 WARD)

2—FULL NAME Roger Baxter

(a) RESIDENCE NO. 1336 N Mount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Col	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Etta Baxter

TE OF BIRTH (month, day, and year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
2	52	—	—	

CUPATION OF DECEASED

) Trade, profession or articular kind of work Laborer 040

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

THPLACE (city or town) Va.
tate or country)

NAME OF FATHER Wm Baxter

BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

MAIDEN NAME OF MOTHER Louisa Lacy

BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant Etta Baxter

(Address) 1336 N Mount St

Filed July 5 1933 Hinton for H. L. Bauer, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3-d 1933

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to July 3, 1933

that I last saw him alive on July 2, 1933

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Wm Fultz, M. D.

, 19 (Address) 1409 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL July 5 1933

20 UNDERTAKER Whitfield & Saddler — ADDRESS 2117 W Baltimore St.

91775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91775

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 W. Lafayette St., 16-01 WARD)

2-FULL NAME Susie A. Howard

(a) RESIDENCE NO. 1124 W. Lafayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Howard.

DATE OF BIRTH (month, day, and year): 4-15-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	54	2	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House keeper 070

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

10 NAME OF FATHER: Samuel Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Susie Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co. Md.

Informant: Rose Davis
(Address): 1124 W. Lafayette St.

Filed JUL 3 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to July 1, 1933,

that I last saw h alive on July 1, 1933,

and that death occurred, on the date stated above, at 11, 130. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Cancer
Metastasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

7/3/1933 (Address) 1203 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: White Rock Carroll Co Md

DATE OF BURIAL: July 5 1933

20 UNDERTAKER: Samuel T. Hemley

ADDRESS 5-78 W. Biddle St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91776 46 E 91776

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1358 Homestead St. Ward)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary M Rauschling

(a) Residence: No. 1358 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Rauschling

DATE OF BIRTH (month, day, year) Dec 2 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Peacock

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Minnie Waltman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mrs George H Tuckey 1358 Homestead St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 6 1933

UNDERTAKER John F Denny

(Address) 715 Light St

FILED Huntington Williamsport Md

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to July 1 1933

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach — Date of onset

Other contributory causes of importance:

Cardiac Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Wash St.

M. D. B. 1268-9

91777 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91777

CERTIFICATE OF DEATH

23 E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 W Mulberry St. 17-al Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Virginia Towler

(a) Residence: No. 742 W. Mulberry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew R. Towler

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Wm. Mitchell

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sallie Johnson.

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Andrew R. Towler husband

(Address) 742 W Mulberry st

BURIAL, CREMATION, OR REMOVAL

Place Int Cabarrus Date 7-5- 1933

UNDERTAKER Jos. Sh Sh Sh

(Address) 1125 E. Broadway

FILED 1933 19 Huntington Williams N.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 1931 to July 1 1933

I last saw h. alive on June 30 1933. Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	July 1931

Other contributory causes of importance:

Intercostal Laryngitis and Exhaustion

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. T. Young M. D.

(Address) 1429 E Monument st

M. D. B. 1268-9

91778 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-003

Registered No. E 91778

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Williams

(a) Residence: No. 226 S. ~~Bond~~ Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negress	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Williams

DATE OF BIRTH (month, day, year) March 10, ??

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	51??	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge Md.

13. NAME Robert ?

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Rwanda Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL Date July 5, 1933

Place Cylbury

UNDERTAKER Winfield J. Dalzell

(Address) 3002 Eden St.

FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933 to July 2, 1933 Death is said

I last saw her alive on July 2, 1933 at 7 P.M.

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease ?	

Other contributory causes of importance:

Congestive Failure	Late

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I P Magee, M. D.

(Address) Balto City Hosp.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91779

V 53

91779

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 7-1-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Tillman

(a) Residence: No. 2311 Madison ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Tillman

DATE OF BIRTH (month, day, year) 11 / 28 / 93

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wadesboro N.C.

13. NAME Wm. Studivan

14. BIRTHPLACE (city or town) (State or country) Wadesboro N C

15. MAIDEN NAME Charlotte Sturgeon

16. BIRTHPLACE (city or town) (State or country) Wadesboro N.C.

INFORMANT Benjamin Tillman

(Address) 2311 Madison Ave

REMOVAL

Date July 5 1933

UNDERTAKER Bernard F. Stanley

(Address) 818 Druid Hill Ave

Registrar.

FILED 7-5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 / 1 / 1933

22. I HEREBY CERTIFY, That I attended deceased from 6 / 33 1933 to 7 / 1 1933

I last saw her alive on 7 / 1 1933. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Kidney	2 yrs
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Louis Schaefer M. D.

(Address) Balto City Hosp

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1780 1780

CERTIFICATE OF DEATH

46 V

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. (Ward) 11-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Israeloff

(a) Residence: No. 106 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 24 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacknan Israeloff

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Eva Levitan

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records

(Address) Balt. City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Balto City Date 7-3 19 33

UNDERTAKER [illegible]

(Address) [illegible]

FILED 7-3-1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27 1932 to July 1 1933

I last saw h[illegible] alive on July 1 1933 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Sarcoma	?
Other contributory causes of importance: Extensive Metastases	8 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Krauss M. D.

(Address) Balt. City Hosp.

E 91781

M. D. B. 1268-9

91781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Payne & Dukeland St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Zauber

(a) Residence: No. 114 N Wolfe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bessie 1871

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 65			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 65

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Sholom

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Hebrew Mt Carmel Date 7/6/33 19

UNDERTAKER Jack Lewis Inc
(Address) 1135 E Oak St

FILED to for Williamsport MD Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13 1933 to July 4 1933.

I last saw him alive on July 4 1933 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	?
Subdeltoid Abscess	June 1933

Other contributory causes of importance:

Name of operation Supra Pubic Cystotomy Date of 5/24/33

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John S Cowen M. D.

(Address) W B & H

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91782

CERTIFICATE OF DEATH

91782

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (Street)

Length of residence in city (or town) where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Beyer

(a) Residence: No. 1538 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Beyer

DATE OF BIRTH (month, day, year) 10/1-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Richard Cubbage

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Engelhardt

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Mary Kunisch

(Address) 1532 N. Wash St

BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date July 6, 1933

UNDERTAKER Robt C. & B. M. Walters

(Address) 3326 Edmondson Ave

FILED 1933 Henry [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 6/29 1933 to 7-3 1933

I last saw her alive on 7-3 1933 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of left breast & metastasis to axillary lymph glands	?

Other contributory causes of importance:

Hypostatic pneumonia 2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hosp

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91783 E 91783

CERTIFICATE OF DEATH

194-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-C Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Phyllis Lee Hoffman

(a) Residence: No. 2419 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 22 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME Charles W Hoffman

11. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. MAIDEN NAME Leola M Eggleston

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

14. INFORMANT Charles W. Hoffman

(Address) 2419 N. Elderry St.

15. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 7/5/33

16. UNDERTAKER Harry N. Whittle

(Address) 4 E. Edmondson Ave.

17. FILED 7/5/33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull accidental — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury July 2 1933

Where did injury occur? Sue Creek
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fractured Skull

Nature of injury Fell on Bar fell on head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Biscoe Md M. D. Coroner

(Address) 1303 N Calvert St

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91784 91784

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 600 S Eutaw Sanitarium St. 25-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Robinson

(a) Residence: No. Riddleville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow	
If married, widowed, or divorced HUSBAND of (or) WIFE of	James T. Robinson		
DATE OF BIRTH (month, day, year)	Feb. 12, 1854		
AGE	Years 79	Months 4	Days 23

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

13. NAME Wm. Richardson

14. BIRTHPLACE (city or town) (State or country) Perryville Md.

15. MAIDEN NAME Unknown Logan

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Charles R. McComas
(Address) 2909 Alameda Ave

BURIAL, CREMATION, OR REMOVAL Date July 8 1933
Place Baltimore Cem.

UNDERTAKER Wm. Fickter Sons
(Address) North & Fa Aves.

Filed July 8 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 4 1933
I last saw her alive on July 4 1933. Death is said to have occurred on the date stated above, at 5.45a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	7
Other contributory causes of importance:	
Gastric Hemorrhage	12 hrs

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Thomas Fort M. D.
(Address) 202 E. Lanvale St.

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

785 E 91785

CERTIFICATE OF DEATH

93-014

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Mc Cabe Ave St., 12-91 Ward)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Francisco Ludwig

(a) Residence: No. Jefferson Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Ludwig

DATE OF BIRTH (month, day, year) Feb 9 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78 yrs.	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) NONE

11. Total time (years) spent in this occupation NONE

BIRTHPLACE (city or town) (State or country) San Francisco Cal

13. NAME George W. Thompson

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Sarah Weinstein

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Mrs. Hilda Wright

(Address) 603 McCabe Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 7, 1933

UNDERTAKER L. H. Jackson & Sons

(Address) Balto

FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1933 to July 4, 1933

I last saw h.r alive on July 4, 1933 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia -	
Arteriosclerosis -	
Myocardial Failure	Two years

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clin. Sign Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Robert V. Seliger M. D.

(Address) 2140 Mt Royal Terrace

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91786

CERTIFICATE OF DEATH

47 E 91786

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MATTHEW DR ~~Herbert~~ Clement Freslinger

(a) Residence: No. 682 Washington Boulevard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Corinne Wallace

DATE OF BIRTH (month, day, year) Aug 15-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Warrensburg Missouri

13. NAME Mathew Freslinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ruth Mohr

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Leesburg Va Date 7/8 [illegible]

UNDERTAKER Wm Pickrell & Sons
(Address) Rogers & Reeves

FILED 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2 1933 to July 5 1933

I last saw h[illegible] alive on July 5 1933. Death is said to have occurred on the date stated above, at 12 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left lung (type)	1932

Other contributory causes of importance:

Varicose Collapse	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

H. D. B. 1268-9

✓ E 91787

2734/3 MH 42.91787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nan Hooker

(a) Residence: No. 507 Hilton Ave St., ... Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert B Hooker

6. DATE OF BIRTH (month, day, year) Feb 27 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

13. NAME Andrew Rideneur

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Nancy Kirk

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 5. 1933

19. UNDERTAKER The Gudgeon Co.

(Address) North & Penna

20. FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to July 2. 1933

I last saw her alive on July 2 1933 Death is said to have occurred on the date stated above, at 3.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	14 yrs
hypertension	
myocardial failure	4 mos
auricular fibrillation	9 mos
arteriosclerotic heart disease	
Other contributory causes of importance:	
Bronchopneumonia	2 days
mitral insufficiency	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Dean A. Clark M. D.

(Address) J. H. H.

M. D. B. 1268-9

27H448 E 91788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 121 E 91788

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 701 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Watkins

(a) Residence: No. 21 Longwood ave St., ... Ward. Parkville md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1-20-25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Norman Watkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Dilane Shull

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Loudon PK Date 7/5/33 19

UNDERTAKER Geo. H. Lembach (Address) 520 N. Eutaw St

Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933 to July 2, 1933
I last saw her alive on July 2, 1933 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bacillary dysentery	
2. Pneumonia, plenty and persistent	

Other contributory causes of importance:

Name of operation Appendectomy Date of 6-28

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Compton M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

91789

HEALTH DEPARTMENT—CITY OF BALTIMORE

91789

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH: Good Shepherd General Hospital — Registered No.

CITY OF BALTIMORE: (No. 1512 N. Edmon St. 4-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Jones

(a) Residence: No. 2 S. Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 Yr. 1881		—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT City Charities
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Maryland Md Date July 5th 1933

UNDERTAKER
(Address)

FILED JUL 5 1933 19 Registrar.

0608 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28 1933 to 7-3- 1933

I last saw him alive on 7-3- 1933. Death is said to have occurred on the date stated above, at 12.30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Myocarditis	
Gen. Arteriosclerosis	
Dilatation	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Clamond Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. R. Boykin, M. D.

(Address) 1512 Edmon

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91790

CERTIFICATE OF DEATH

34 E 91790

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Brown.

(a) Residence: No. 1123 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Brown.

DATE OF BIRTH (month, day, year) 5-9-1883.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 29	1	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber inspector as of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Lumber Exchange

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME John Brown.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Harriet Campbell.

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mr. Bressgue

(Address) 1121 E. Pratt St.,

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 5, 1933

UNDERTAKER

(Address)

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1933, to 6/30, 1933.

I last saw him alive on 6/30, 1933. Death is said to have occurred on the date stated above, at 0304 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured aneurysm of aorta	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Penton, M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91791

CERTIFICATE OF DEATH

E 91791

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 26-04 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jesse Blue also Known as Addison Ford

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Unknown

If married, widowed, or divorced: (Wife) HUSBAND of / (Husband) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INTERMENT

(Address)

BURIAL, CREMATION, OR REMOVAL 7/10/33

Place University of Md Date July 5, 19

UNDERTAKER

(Address) Penna Ave Chas & Fair

FILED 1933 Health Dept. 0605 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify.....

(Signed) B. Steiner M. D.

Coroner

(Address) 1305 N Patterson Pk

D. H. 1268-9

91792 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91792

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Jones

(a) Residence: No. 943 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

7. DATE OF BIRTH (month, day, year) 2

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date July 5 ... 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Patterson Pl Ca

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91793

93-E-664

91793

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4610 Frankford Ave St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Calvin Coleman

(a) Residence: No. 4610 Frankford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charlotte E. Coleman

DATE OF BIRTH (month, day, year) July 24/1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R.R.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

11. NAME Samuel Coleman

12. BIRTHPLACE (city or town) (State or country) Maryland

13. MAIDEN NAME Amanda Mitzel

14. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT S. Iester Coleman
(Address) 4610 Frankford Ave

BURIAL, CREMATION, OR REMOVAL
Date 9/5/33

UNDERTAKER Leonard Albright
(Address) 5520 Harford Rd

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on About 11 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? History from Family Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Joseph Sauer M. D.
Coroner

(Address) 5066 Frankford Ave

D. B. 1268-9

91794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 91794

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 Wallbrook ave., 15th Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Gaw

(a) Residence: No. 3219 Wallbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Minnie Gaw

7. DATE OF BIRTH (month, day, year) July 24 - 1856

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	11	8	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 31

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

11. Date deceased last worked at this occupation (month and year) 1931 — 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

13. NAME OF FATHER John Gaw

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Henrietta Ray

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Henrietta Gaw

(Address) 3219 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 5th 1933

19. UNDERTAKER Charles P Powell

(Address) 2004 Edmondson Ave, Huntington Terrace, Md

1933 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932 to July 2 1933.

I last saw him alive on July 1 1933. Death is said to have occurred on the date stated above, at 10 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Rectum first involved	Nov. 32

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ✓ Date of ✓

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) Alex S. Bishop M. D.

(Address) 12 E - 25 th St.

M. D. B. 1268-8

91795

HEALTH DEPARTMENT—CITY OF BALTIMORE

91795

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St. 1402 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Annie L. Brandt

(a) Residence: No. 214 S. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
female	white	Widowed

6. ~~If married, widowed, or divorced~~ ~~DAUGHTER~~ of (or) WIFE of William Brandt

DATE OF BIRTH (month, day, year) Dec. 17th 1868

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Emil Brandt.

(Address) 2017 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 7th 1933

UNDERTAKER Charles W. Dill.

(Address) 3109 Frederick Ave.

FILED ..., 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933 to July 4, 1933

I last saw h... alive on July 4, 1933 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:	Date of onset
Acute appendicitis	6-20-33
Peritonitis	6-27-33
Other contributory causes of importance:	
Paralytic ileus	7-1-33

Name of operation Appendectomy Date of 6-27-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Ellen Moore M. D.

(Address) Franklin Square Hosp.

M. D. B. 1268-9

91796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 91796

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 801 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Andrew Miller

(a) Residence: No. 2100 N. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Miller

DATE OF BIRTH (month, day, year) Jan 8th 1860

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
73	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Goetz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. August Stenger

(Address) 3308 Dillon Road

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 6, 1933

UNDERTAKER Lilly & Zeller Inc.

(Address) 703 E. Baltimore St.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to July 2, 1933

I last saw h.im alive on July 2, 1933 Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
chr. myocarditis	1
cardiac insufficiency	7
cardiac arrhythmia	
H. Block.	

Other contributory causes of importance:

chr. nephritis.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Arthur Robert Colvin M. D.

(Address) Sinai Hospital

M. D. R. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91797

CERTIFICATE OF DEATH

115-00 E 91797

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 26-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kathryn Madsen

(a) Residence: No. 3229 Foster St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 19 1930

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Hugh L. Madsen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Caroline Zellyr

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Hugh L. Madsen

(Address) 3229 Foster ave

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 6 1933

UNDERTAKER Lilly & Quial Inc.

(Address) 403 N. Gilmor St

FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31 1933 to July 3 1933

I last saw her alive on July 3 1933 Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic sore throat (staphylococcus aureus)	
Bronchopneumonia	
Other contributory causes of importance:	
Exhaustion	
Tuberculosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) St. Joseph's Hospital

D. B. 1268-9

91798

HEALTH DEPARTMENT—CITY OF BALTIMORE

91798

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroite St. Joseph Hos. St. 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maryanna Mazerski

(a) Residence: No. 1905 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Victor Mazerski

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME ??? Gurbiel

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Victor Mazerski
(Address) 1905 Aldgeanna

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 6. 1933

19. UNDERTAKER John M. Gilbert
(Address) 1241 E. Monument St

20. FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3/33. 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above. 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure Lung Abcess (Left)	
Other contributory causes of importance: Diabetes	10 yrs

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J S Wilson Coroner, M. D.
(Address) 508 E Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91799 E 91799

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Green Street St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 Years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Legambi

(a) Residence: No. 414 N. Green Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pietro Legambi

DATE OF BIRTH (month, day, year) Sept. 27 1871.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Vincent Vazzna

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Caroline Brocato

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT James V Legambi

(Address) 414 N. Green Street

BURIAL, CREMATION, OR REMOVAL

Place Nev Cathedral Cem Date July 6, 1933

UNDERTAKER .....

(Address) .....

FILED 1933, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1/, 1933, to 7/3/33, 19....

I last saw h.. alive on 7/3/33, 19.... Death is said to have occurred on the date stated above, at 6.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Cerebral Apoplexy	7/3/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard J. Tuny, M. D.

(Address) 910 W Lombard

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

91800 91800

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp 15 (Ward) 61

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Lee

(a) Residence: No. 1344 N. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negress	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Lee

DATE OF BIRTH (month, day, year) Aug ? 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	0		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

13. NAME Charles Green

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md

INFORMANT Rhoads

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date July 5 1933

UNDERTAKER Joseph A Lindley

(Address) 409 N. Mount St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933 to June 28 1933

That I saw her alive on June 28 1933 Death is said to have occurred on the date stated above, at 5-05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?

Other contributory causes of importance:

Myocardial failure	7 mos

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Rhoads M. D.

(Address) Balt City Hosp

M. D. R. 1268-9

91801 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91801

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-61 (Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Jackson

(a) Residence: No. 648 Josephine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 18, 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Petersburg Va
13. NAME Fredrick Jackson
14. BIRTHPLACE (city or town) (State or country) Jacksonville Fla
15. MAIDEN NAME Mamie Barksdale
16. BIRTHPLACE (city or town) (State or country) Va
INFORMANT Mamie Bridgeford
(Address) 648 Josephine Street
BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date July 6, 1933
UNDERTAKER Joseph A Lively
(Address) 1419 N. Mount Street
FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to July 2, 1933.
I last saw h.. alive on July 2, 1933. Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	6/26/33
Other contributory causes of importance:	
Rupture appendicitis	6/22/33

Name of operation Appendectomy & Drainage Date of 6/27/33
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
(Address) .....

H. D. B. 1268-9

91802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 E 91802

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ... Ward) 49-01

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kurdie Burley

(a) Residence: No. 1703 Pierce St ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Feb 15, 1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

13. NAME John Burley

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Julia Sharp

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Baltimore City Hospitals Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Harmon Md Date July 7. 1933

UNDERTAKER Joseph A Sivley

(Address) 709 N. Mount Street.

FILED 1933 Huntington Ave, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/a/33 . 19 . to 7/2/33 . 19

I last saw h.[illegible] alive on 7/2/33 . 19 . Death is said to have occurred on the date stated above, at 12 10 p.m.

The principal cause of death and related causes of importance were as follows:

Pyonephrosis, bilateral — Date of onset

Other contributory causes of importance: Bronchopneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) Balto City Hosp

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1803

CERTIFICATE OF DEATH

82-004

E 91803

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 Gilmore St. 17-01 (Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Red Gunthorp

(a) Residence: No. 2206 Oak St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Winnsboro, S.C.

13. NAME Thad Gunthorp

14. BIRTHPLACE (city or town) (State or country) Gaffney S.C.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT Thomas Gunthorp

(Address) 2206 Oak St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date July 5, 1933

UNDERTAKER Thomas E. Kelsan

(Address) 303 Pressman St

1933 Huntington Millwood Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1-1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933 to July 1, 1933

Last saw him alive on July 1, 1933 Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	6-30
Essential hypertension	—
Hemiplegia	2-20

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas. A. Marshall M. D.

(Address) 1838 Linden Ave.

H. D. B. 1263-9

91804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 53 E 91804

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 76-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dori Scott.

(a) Residence: No. Box 248, Route #2 Stemmers Run Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Scott.

DATE OF BIRTH (month, day, year) 1868(?)

AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Jim Scott.

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Cousin; Francis Brand
(Address) Box 248, Route #2, Stemmers Run

BURIAL, CREMATION, OR REMOVAL
Place H. Stevens. Date July 6, 193

UNDERTAKER J. D. L. Smoot Sons
(Address) 1129 N. Caroline St.

FILED 7-6-1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-28 1933 to 7/3 1933

I last saw h... alive on 7/3 1933 Death is said to have occurred on the date stated above, at 7 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	(or)
Tuberculosis ret. disease	?
Hypertension	?
Acute pulmonary edema	?
(coma)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert J. Reiter M. D.

(Address) Balto. City Hosp.

H. D. B. 1268-9

Blanius ✓

91805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91805

1. PLACE OF DEATH Md. Gen. Hospital 117-002

CITY OF BALTIMORE. (No. 11-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rush Blanius

(a) Residence: No. Bare De Grace, Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 17 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME of Father Rush Blanius

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME of Mother Sarah Cunningham

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT (Address) Hospital Records

BURIAL, CREMATION OR REMOVAL

Place Darlington, Md. Date July 5, 1933

UNDERTAKER H. L. Bailey

(Address) Darlington, Md.

FILED JUL 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-29 1933 to 7-5 1933

I last saw him alive on 7-5 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Pneumonia Lobar	5 Days
Other contributory causes of importance: Bronchial Pneumonia	2 Wks
	2 Mos

Name of operation Post Mortem Date of operation 7-6-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. C. Fonda M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

91806

HEALTH DEPARTMENT—CITY OF BALTIMORE

91806

CERTIFICATE OF DEATH

X 47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 12 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lester Ross McCreary

(a) Residence: No. Oxford St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth McCreary

DATE OF BIRTH (month, day, year) July 16, 1889

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	49	7 & 11	5-19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR Station
10. Date deceased last worked at this occupation (month and year) July 1930
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Gettysburg Pa

12. NAME James F McCreary
13. BIRTHPLACE (city or town) (State or country) Gettysburg Pa
14. MAIDEN NAME Emma Ross
15. BIRTHPLACE (city or town) (State or country) Springfield Ill

INFORMANT Lester R. McCreary
(Address)

BURIAL, CREMATION, OR REMOVAL Date 7/5/33 19
Place Oxford Pa

UNDERTAKER C P Rogers
(Address) Oxford Pa

FILED ..... 19 ..... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 5, 1933. Death is said I last saw h.. alive on July 5, 1933. to have occurred on the date stated above, at 6.12 p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal tumor — Date of onset 1926

Other contributory causes of importance:

Hydronephrosis - of 2 weeks duration.

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) George E. Turney M. D.

(Address) 2/19 St. Paul St.

M. D. B. 1263-2 E 91807

E 91807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 117-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Collier

(a) Residence: No. 4 W. Conway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 3 1933

UNDERTAKER .....
(Address)

FILED 1933 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933, to June 30, 1933

I last saw h.. alive on June 30 1933. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer	
Other contributory causes of importance:	
Peritonitis	

Name of operation Gastrorrhaphy Date of 6/28/33

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles W. France M. D.

(Address) University Hospital

1808

HEALTH DEPARTMENT—CITY OF BALTIMORE 1808

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Ed. Pyles.

(a) Residence: No. 20 37 E. 31st St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Pyles.

DATE OF BIRTH (month, day, year) 11/30/1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Drover at Stock Yards

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Pyles.

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Sarah Pyles

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Mrs Lillie M. Pyles

(Address) 2037 E. 31st St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date July 8 1933

UNDERTAKER Henry Breyer Sons, Incs

(Address) 1301 E. Eager St

FILED 1933 Hunting Park Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/28 1933 to 7/5 1933

I last saw him alive on 7/5 1933. Death is said to have occurred on the date stated above, at 10:25 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	4 mos

Other contributory causes of importance: Pulmonary Embolis

Name of operation Laryngectomy Date of 7/3/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm Lowe Lemmon M. D.

(Address) Balto City Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91809 E 91809

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1651 W. North ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Edward Anderson

(a) Residence: No. 1651 W. North ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Oct 11 - 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printers Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Business

10. Date deceased last worked at this occupation (month and year) Oct 1931 | 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Robt. E. L. Anderson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mamie Clemmer

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Robt. Anderson
(Address) 1651 W. North ave.

18. BURIAL, CREMATION, OR REMOVAL Charles Town W Va Date 7/7 33

19. UNDERTAKER Herman Cook
(Address) 1217 St Paul Street

Filed 8 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 - 1932 to July 5 1933

I last saw h. alive on July 4 1933 Death is said to have occurred on the date stated above, at 4.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	Dec. 1931
Other contributory causes of importance:	
Chr. Pyelonephritis Nephritis	Dec. 1931

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Jesse Brown M. D.

(Address) 1663 W North ave

M. D. B. 1268-9

91810 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 91810

93-083

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 1-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Greenborn.

(a) Residence: No. 910 S. Decker Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married (?)

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Apr. 19-1859.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

13. NAME Adolph Weisheit.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Carrie Robinson

(Address) 712 S. Carey St. No. 5441

BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date 7/7 19 33

UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED 8, 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-6-30, 19.., to 7-5 1933

I last saw h.. alive on 7-5 1933 Death is said to have occurred on the date stated above, at 2.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic kd. disease	?
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No., If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

H. D. B. 1268-9

91811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91811

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2328 East Chase St., 8-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME August E. Kremer

(a) Residence: No. 2328 East Chase Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) May-9-1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 042

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Christian Kremer

14. BIRTHPLACE (city or country) Germany

15. MAIDEN NAME OF MOTHER Leydecker

16. BIRTHPLACE (city or country) Germany

INFORMANT Catherine Kremer
(Address) 2328 East Chase

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/8/33

UNDERTAKER William Cook
(Address) 1217 St Paul Street

FILED ...19... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933 to July 5, 1933
I last saw him alive on July 4, 1933 Death is said to have occurred on the date stated above at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 1 day
Hypertension
Arteriosclerosis

Other contributory causes of importance:

Myocardial Failure 1 day

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) J. Heidelbach M. D.
(Address) 600 Fidelity Bldg

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1812 — 93-002 E 21812

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 10-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth 52 yrs. mos. ds.

2. FULL NAME Valentin Petkofski

(a) Residence: No. Nurse Home Convent Aquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 5, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland (?)

13. NAME George Petkofski

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Josepha Vanduska

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Notch Cliff Md. Date July 7, 1933

UNDERTAKER Frank C. Fink

(Address) 910 N. Eaton St.

FILED 1933 Hunting for Witness Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1933 to 7-5, 1933

I last saw h... alive on 7-5, 1933. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Gastro-Enteritis	6 mos?
Other contributory causes of importance:	
Arteriosclerotic C. V. disease	? yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

91813 E 91813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH Baltimore City Hospitals (Cab) 22-01 Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 mth yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Kelso (Kelsey)

(a) Residence: No. 832 Sharp st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 1, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Evangelist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown old

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Winston Salem North Carolina

13. NAME John Kelsey

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Rose Brown Unknown

INFORMANT Hospital records

(Address) B.C.H.

BURIAL, CREMATION, OR REMOVAL

Place Calvary Date July 6 1933

UNDERTAKER Samuel F. Hedgepeth

(Address) 678 N. Eutaw St.

FILED Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29 1933 to July 1 1933

I last saw him alive on July 1 1933 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	Oct. 1932
	old
Other contributory causes of importance: Esophageal varices with rup-ture.	Unknown
Generalized arteriosclerosis	Unknow

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. H. Jacobson M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

91814 HEALTH DEPARTMENT—CITY OF BALTIMORE 91814

CERTIFICATE OF DEATH

Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? 28 yrs. mos. ds.

2. FULL NAME Israel Willen

(a) Residence: No. 963 N. Washington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 55

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Rubin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Michle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 7/6/33 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible] . 19 , to [illegible] . 19

I last saw h alive on [illegible] . 19 Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency (Valv)	???
Other contributory causes of importance: History of Rheumatism	??

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos H Baer Coroner, M. D.

(Address) 508 E Monument

D. B. 1268-9

E 91815

1815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 W. Lanvale St. 15-81 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida Miller

(a) Residence: No. 252 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Meyer P

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ida Gold Berg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Granin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 1/6/33 19
Place Woodlawn Cem

19. UNDERTAKER Jacob Levin Inc.
(Address) 1439 E Baltimore St.

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1932 to July 5 1933

I last saw h[illegible] alive on July 5 1933. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Diabetes Mellitus	3 yrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Shore M. D.

(Address) 1331 E Monument St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91816

CERTIFICATE OF DEATH

93E 003 91816

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Lemon St. St., 19-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Carrie Brickes.(C)

(a) Residence: No. 1505 Lemon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: (a) Husband of (or) Wife of George Brickes.(C)

7. DATE OF BIRTH (month, day, year) Do not know.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----	----	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Frank Crowner.(C)

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Maria Ross.(C)

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT George Brickes.(C) husband.

(Address) 1505 Lemon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Cemetery Co. Md. Date July 6, 19 33

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Gilmor St.

Filed 19 Registered 7/5/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt M. D. Coroner

(Address) 1017 E. Charles St.

M. D. B. 1268-0

1817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91817

CERTIFICATE OF DEATH

V 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 N. Monroe St. 20-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ophelia Snyder

(a) Residence: No. 243 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced (or) WIFE of John G. Snyder

DATE OF BIRTH (month, day, year) Feb. 22, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	14 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *------

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Henry Egar

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Miss. Irene Snyder

(Address) 243 N. Monroe St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 8 '33

UNDERTAKER Robt. L. Fiddes

(Address) 2708 Loudon Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3 1933 to July 5 1933

I last saw her alive on July 4 1933 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	7/3/33
Arteria Sclerosis	1930
Other contributory causes of importance:	
Chronic Nephritis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. A. O'Neill M. D.

(Address) 108 N. Caulton Ave

D. B. 1268-9

91818

HEALTH DEPARTMENT—CITY OF BALTIMORE

91818

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Uphoff

(a) Residence: No. 3 N. Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Uphoff

DATE OF BIRTH (month, day, year) Oct 20/1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	36	8	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Lyons

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Minnie Grob

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Mrs. Catherine Smith

(Address) 3121 Harview Ave

BURIAL, CREMATION, OR REMOVAL

Place Fairmount Cem. Date July 7- 1933

UNDERTAKER John A. Hogan

(Address) 3000 E. Baltimore St.

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Serous Meningitis	
Increased intracranial Pressure	

Other contributory causes of importance:

A probable benign tumor (As yet undetermined, brain not resected) Probably Posterior lobe

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.

Coroner

(Address) 5056 Belvedere

M. D. B. 1268-9

E 91819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91819

V 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 E. Chase St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Elliott

(a) Residence: No. 1615 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Elliott

6. DATE OF BIRTH (month, day, year) July ..., 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Richard R. Elliott

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Sarah E. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs James

(Address) 3027 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemt. Date 7/7/33 19...

19. UNDERTAKER George W. Zurkler & Son

(Address) 1707 E. Eager St

20. FILED JUL 6 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from July 5 1933 to July 4 1933

I last saw her alive on July 4 1933 Death is said to have occurred on the date stated above, at 7.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1 yr

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Gross M. D.

(Address) 6 E. Fayette St

M. D. B. 1268-9

E 91820

HEALTH DEPARTMENT—CITY OF BALTIMORE

91820

CERTIFICATE OF DEATH

V 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N. Charles St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baker Waters (BAKER WATERS)

(a) Residence: No. 3333 N. Charles St., 17 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia Berry Waters

DATE OF BIRTH (month, day, year) May 4 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co

10. Date deceased last worked at this occupation (month and year) June 1924

11. Total time (years) spent in this occupation 31 yrs

BIRTHPLACE (city or town) Montgomery Co
(State or country) Maryland

13. NAME Washington D Waters

14. BIRTHPLACE (city or town) Montgomery Co
(State or country) Maryland

15. MAIDEN NAME Virginia Waters

16. BIRTHPLACE (city or town) Montgomery Co
(State or country) Maryland

INFORMANT Mrs Lydia B Waters (wife)

(Address) 3333 Charles St

BURIAL, CREMATION, OR REMOVAL

Place Saint Mary's Date July 6 1933

UNDERTAKER Stewart & Morgan Co

(Address) 1530 North Ave.

FILED July 6 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to July 4th, 1933

I last saw h[illegible] alive on July 4th, 1933. Death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 2nd 1933
(Angina Pectoris)	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm H. Dabney M. D.

(Address) Boston, Ind

M. D. B. 1266-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91821

CERTIFICATE OF DEATH

Registered No. 177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 St. Paul St. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert B. Ijams

(a) Residence: No. 2919 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Mann

DATE OF BIRTH (month, day, year) 2/2/1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. motor truck salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. H. Ijams

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Isabella King

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Amelia M. Ijams

(Address) 2919 St. Paul St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. 7/4/33, 19

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to July 4, 1933

I last saw h. alive on July 3, 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - acute	
cystitis	
Coronary thrombosis	24 hrs

Other contributory causes of importance:

senile dilatation.	
of heart	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Terrence J. Dees M. D.

(Address) 2 W. Read St.

M. D. B. 1263-9

91822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36 E 91822

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Porter

(a) Residence: No. 917 N. Caroline Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 96

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden S. C.

13. NAME OF FATHER Irvin Porter

14. BIRTHPLACE (city or town) (State or country) Camden S. C.

15. MAIDEN NAME OF MOTHER Retta Benjamin

16. BIRTHPLACE (city or town) (State or country) Camden S. C.

INFORMANT Reeds

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 6th 1933

UNDERTAKER Thomas E. Nelson

(Address) 130 S Fresstman St

1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 1933 to July 3 1933

I last saw h alive on July 3 1933 Death is said to have occurred on the date stated above, at 10 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever ?	1 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magid M. D.

(Address) Balt. City Hosp.

aCo. 5-31 250B

91823 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91823

91823

CERTIFICATE OF DEATH Registered No. 166

PLACE OF DEATH South Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22 10 St. 21-01 Ward)

Length of residence in city or town where death occurred 32 yrs. 10 mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles J. Vaughan

(a) Residence: No. 707 W. Cross St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 13, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	31	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Edward Vaughan

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Margaret Parsons

BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Patient

(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 7-8 1933

UNDERTAKER Bernard C Harde & Co

(Address) 1000 E Pratt St

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5-33, 19

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933 to July 5, 1933

I last saw him alive on July 5, 1933 death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Leg	5-11-33
Thrombo-phlebitis Leg	

Other contributory causes of importance:

Gangrene	6-28-33
Septicemia	7-4-33

Name of operation None Date of —

What test confirmed diagnosis C F Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. M'L. Currie, M. D.

(Address) So. Balto. Gen. Hosp.

Swann

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91824

CERTIFICATE OF DEATH

5 VE 91824

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N Payson St.) (Ward) 20 - 6

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Swann

(a) Residence: No. 228 N Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella E Swann

DATE OF BIRTH (month, day, year) Mch 6 1866

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	3	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Jacob Swann

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs Alma Blanchard

(Address) 228 N Payson St

BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date 7/7/33

UNDERTAKER George A Tenley

(Address) Fulton & Laurette

FILED 1933 Huntington Wilmington

6 OFA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to July 5 1933

I last saw him alive on July 5 1933. Death is said to have occurred on the date stated above, at 1145 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Prostate	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? NO Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) H. L. Trunks M. D.

(Address) 1123 St Paul St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91825 82-19 91825

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St. 6-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James F. Lamb

(a) Residence: No. 245 N. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary B. Lamb

ATE OF BIRTH (month, day, year) June 15-1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	—	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME John F. Lamb

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME Bridget Manning

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Mary B. Lamb
(Address) 245 N. Curley St

RIAL, CREMATION, OR REMOVAL

Place St Peters Cem. Date July 10, 1933

NDERTAKER Chas. F. Wadel & Son
(Address) 1111 W. Mt. Royal Ave

LED 1933 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Eugene Zeller, M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B. 1268-9

91826 242 Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91826

CERTIFICATE OF DEATH

+ 91-001

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Bernard

(a) Residence: No. Trenton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced
HUSBAND OF
(or) WIFE of John Crane

DATE OF BIRTH (month, day, year) Feb 4 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Delaware

13. NAME Thomas Sharp

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Sara Short

16. BIRTHPLACE (city or town) (State or country) Del.

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Druids Church Date July 8 1933

UNDERTAKER R. B. Rohrbaugh
(Address) Greenspring Md.
Huntington Williams, N.R.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25 1933 to July 6 1933

I last saw her alive on June 25 1933 Death is said to have occurred on the date stated above, at 11:55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis streptococcus viridans	Feb '33
Other contributory causes of importance:	
Septicemia	

Name of operation None Date of —

What test confirmed diagnosis? Bact. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Benston M. D.

(Address) Johns Hopkins Hospital

Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

1827

E 91827

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Druid Hill St. 14-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds

FULL NAME Nellie Diggs

(a) Residence: No. 2114 D.H. St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Diggs

6. DATE OF BIRTH (month, day, year) April 5-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
62	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Jennie Whallam

(Address) 211 N. Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place MT. Auburn Date 7/5 1933

19. UNDERTAKER George A. Gibson

(Address) 1735 Pennsylvania Ave

Filed 1933 20. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1933, to 7/5 1933

I last saw her alive on 7/5 1933, death is said to have occurred on the date stated above, at 8 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Paralysis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Burk Cutts M. D.

(Address) 2134 D.H. Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

MV 001

2 10E 91828

91828

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. West Baltimore General Hospital WARD 15

2-FULL NAME Albert Mayer

(Residence in Baltimore: No. 3418 Park Heights Ave St.; yrs., mos. da.)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, Nov 20 1864 (Month) (Day) 1 (Year)

AGE. 68 yrs. 7 mos. 16 da.

If LESS than 1 day, ...hrs. or.....min.

OCCUPATION (a) Trade, profession, or particular kind of work Co Grocer (b) General nature of industry, business, or establishment in which employed (or employer) 034

BIRTHPLACE, State or Country). Balto Md

10-NAME OF FATHER. Abraham Mayer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Adelaide Irby

13-BIRTHPLACE OF MOTHER (State or Country). Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bessie Cohn

(Address) 3418 Park Heights Ave

Hunter Williams M.D.

July 191 33 Registrar.

1933

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1933 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Struck by auto at Park Hts Ave (3404) while crossing street) 7/5/33 (Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Automobile Accident 7/5/33 (Duration) yrs. mos. 1 da.

(Signed) Joseph Pokorny M. D. (Coroner.)

July 191 (Address) 2200 E Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). In the

At place of death.....yrs.....mos.....da. State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Sinai Hebrew Friendship

DATE OF BURIAL. July 11 1933

20-UNDERTAKER J Ahearn Co

ADDRESS 2432 Eastern Ave

L. D. B. 1268-9

91829

HEALTH DEPARTMENT CITY OF BALTIMORE

91829

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 3019 (St.) Virginia Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha M. Schultz

(a) Residence: No. 3019 Virginia Ave Ward.

(If non-resident give city or town and State)

(usual place of abode) 43 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Color or Race	If single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Schultz

DATE OF BIRTH (month, day, year) Nov 12, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Kuntka

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Sabrynsky

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Martha C. Tate

(Address) 3019 Virginia

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/7 193

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1932 to July 4, 1933

I last saw her alive on July 4, 1933 Death is said to have occurred on the date stated above, at 10 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	4 Years.
Chr. Endocarditis	
Chr. Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jos. B. Lybert, M. D.

(Address) 2802 Harford Ave

M. D. B. 1268-B

91830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 91830

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Crazen Schumacher

(a) Residence: No. 1941 Herbert St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Male	White	widowed

6. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of ~~(or) WIFE of~~ Elizabeth Schumacher

DATE OF BIRTH (month, day, year) July 6, 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 74	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hostler - United Rys

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 024

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Schumacher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary 2

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 8th, 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1933 Huntington Hills Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1933, to 7/6, 1933

I last saw h~~im~~ alive on 7/6, 1933. Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary & Prostate	2
Coronary Thrombosis	1
Other contributory causes of importance:	
Nephritis	2

Name of operation Gastrostomy Date of 1/9/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) J. W. Gordon M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

Frederick J. Diehlmann ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

91831

CERTIFICATE OF DEATH

E 91831

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4017 Edmondson Ave. St. 70-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J. Diehlmann

(a) Residence: No. 4017 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Dora L. Diehlmann (Deceased)

DATE OF BIRTH (month, day, year) Feb. 5, 1863.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior (Retired) Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Diehlmann

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Miss Edna Diehlmann
(Address) 4017 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL

Place Date , 19

UNDERTAKER Harry F. Buettner
(Address) 1319 Light St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933 to July 6, 1933

I last saw him alive on July 6, 1933 Death is said to have occurred on the date stated above, at 130 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	May 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light St., Balto., Md.

M. D. B. 1268-9

E 91832

HEALTH DEPARTMENT—CITY OF BALTIMORE

91832

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH University Hosp

Registered No.

CITY OF BALTIMORE: (No. 12-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E Engel

(a) Residence: No. 2526 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	M

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna E Engel

DATE OF BIRTH (month, day, year) Oct 20-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. B. Gilpin Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Engel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matie Hacker

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Anna E. Engel

(Address) 2526 Guilford Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 7/8 33

UNDERTAKER Williams Bros

(Address) 217 St Paul St.

FILED July 11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29 1933 to July 5 1933

I last saw h.i.m. alive on July 5 1933. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Cerebral Hemorrhage	
Enlarged Prostate	over

Other contributory causes of importance:

Name of operation Supra Pubic Cystotomy Date of June 29

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J E Baker M. D.

(Address) University Hosp

M. D. B. 1268-9

91833 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91833

CERTIFICATE OF DEATH

2105 Huntington Ave

95-002

Registered No. 42-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Huntington Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew J. Mengel

(a) Residence: No. 2105 Huntington Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary F. Mengel

DATE OF BIRTH (month, day, year) Aug 27 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	9.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME John Mengel.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary Klarman

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT France L. Lytle.

(Address) 2105 Huntington Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 8, 1933

UNDERTAKER Shumaker & Son.

(Address) 3615-17 Edmondson Ave.

FILED JUL 7 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933 to July 6, 1933

I last saw h[illegible] alive on July 3, 1933 Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of the Heart	1.21

Other contributory causes of importance:

Senile

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. Pearce M. D.

(Address) 2105 Clark St

Spec.—9-30—A. & Co.—250 Bks

E 91834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91834

CERTIFICATE OF DEATH.

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 700 W. 40th St S 13-21 WARD)

2 FULL NAME Catherine A. Greene

(a) RESIDENCE NO. Home for Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 5 mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thaddeus Greene

DATE OF BIRTH (month, day, and year) Jan 29-1858

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75		5	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Charles French

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Lambert

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

Informant Home for Incurables Records

Address 700 W 40th St

Filed 1933 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1933

17

I HEREBY CERTIFY, That I attended deceased from July, 1931, to July 5, 1933

that I last saw her alive on July 5, 1933

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular hypertensive disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic rheumatoid arthritis (duration) 5+ yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. Hunford Hopkins M. D.

7/5, 1933 (Address) 214 Med. Art Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL July 1933

20 UNDERTAKER L. J. Dickson & Sons

ADDRESS N. Ave

D. B. 1268-9

91835

HEALTH DEPARTMENT—CITY OF BALTIMORE

91835

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gustavus Stevens

(a) Residence: No. 2613 W. Fairmont Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Elizabeth W. Stevens

6. DATE OF BIRTH (month, day, year) Aug 22-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchants Lunch-Self

10. Date deceased last worked at this occupation (month, day, year) July 1933 | 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

13. NAME Phillip T. Stevens

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Eugenia Woods

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mrs E. W. Stevens
(Address) 2618 W. Fairmont Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date July 8, 1933

19. UNDERTAKER J. J. Tickner & Sons
(Address) Fort Ave

20. FILED July 11, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 - 1933.

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. R. 1268-9

91836 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91836

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 8-91 Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Cebyl (Cebulski)

(a) Residence: No. 2043 E. Biddle st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Cebyl

DATE OF BIRTH (month, day, year) Sept. 5, 1907

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Michael ~~Cebyl~~ Cebulski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary ? Rozalska

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address) B.C.H.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 8th, 1933

UNDERTAKER George A. Weber
(Address) 705 S. Ann street

FILED July 8, 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933 to July 5, 1933

I last saw him alive on July 5, 1933 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jas Ohmer Jr M. D.
(Address) Baltimore City Hospitals

D. B. 1268-9

E 91837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91837

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 2-01 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Przewozna or Cook

(a) Residence: No. 1820 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 26 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	5	4 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Biloxi Miss.

13. NAME John Przewozny

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Teresa Kuczak

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John Przewozny
(Address) 1820 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 8 1933

19. UNDERTAKER J. W. Obazewski
(Address) 1930 Eastern Ave.

20. FILED 7-1933 Washington Hamilton M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Mercury Poisoning	5 da

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide suicide Date of injury 6/30/33

Where did injury occur? in home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Cook Coroner M. D.

(Address) 508 E Fayette

D. H. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91838

8338

CERTIFICATE OF DEATH

106-002

Registered No.

PLACE OF DEATH Emmitt & St Joseph Hospital 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

rth of residence in city or town where death occurred 11

FULL NAME John Thompson

(a) Residence: No. 1929 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
ale	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Aug 28 1874

GE Years	Months	Days	If LESS than 1 day... hrs. or min.
58	10	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam-ship

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc Steamer 021

8. Date deceased last worked at this occupation (month and year) 5 [illegible] 33

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Bergen Norway

. NAME Unknown

4. BIRTHPLACE (city or town) (State or country) Unknown

5. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

NFORMA Mrs Esther Scheminant

(Address) 1929 E Chase st

URIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 7 1933

NDERTAKER John F Henry

(Address) 715 Eight St Huntingtown Millwaukee Wis

ILED 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on Death is said to have occurred on the date stated above, at 2 A. m

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

History of Chr Bronchitis ? yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Palmer Coroner . M. D.

(Address) 508 E Fayette ave

B. D. B. 1268-9

91839 HEALTH DEPARTMENT—CITY OF BALTIMORE 91839

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Ravenwood Ave St. 8-01 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes A Matzen

(a) Residence: No. 3405 Ravenwood Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H Matzen

DATE OF BIRTH (month, day, year) Jan 3rd 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Carroll Offney

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Adelphina Brandt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Louis H Matzen

(Address) 3405 Ravenwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date 7/8/1933 19

UNDERTAKER John Ullrich

(Address) 2006 Orleans St

FILED 7/8/1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6/1933 19

22. I HEREBY CERTIFY, That I attended deceased from June 3 19 33 to July 5 19 33

I last saw her alive on July 4/33 19 33 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uteri

Uteri

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L W Schuer M. D.

(Address) 4900 Belair Road

M. D. B. 1268-9

E 91840

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91840

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2030 E. Pratt St. 2-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Kemph

(a) Residence: No. 2030 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Kemph

DATE OF BIRTH (month, day, year) Oct 13, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packinghouse

10. Date deceased last worked at this occupation (month and year) Retired 7 years

11. Total time (years) spent in this occupation 06

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

INFORMANT Mrs Mary Leikam

(Address) 401 S. Ellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem Date July 8, 1933

UNDERTAKER H. Sander Sons Inc

(Address) 1710 East Pr

FILED 1933 [illegible] William [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1933 to July 3, 1933

I last saw him alive on July 3, 1933 Death is said to have occurred on the date stated above, at 3:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal disease	6 yrs ago
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Willy L. Lucado, M. D.

(Address) 1058 N Broadway

E 91841

E.D. 91841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 12-08 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Regina A. Hare

(a) Residence: No. 3023 Huntington Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 9 - 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
For	4	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Ernest Hare

13. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Helen Creamer

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Ernest Hare

(Address) 3023 Huntington Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 7-10 1933

UNDERTAKER Bernard C. Harlr

(Address) 1000 E. Fayette St.

FILED 7-7 1933 Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to July 7, 1933

I last saw her alive on July 3 1933 Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Appendicitis	July 4 1933
(2) Peritonitis	
(3) Tapemia	

Other contributory causes of importance:

Name of operation Appendectomy Date July 5 1933

What test confirmed diagnosis Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. H. Wagenseller M.D.

(Address) St Joseph Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91842

CERTIFICATE OF DEATH

46 E 91842

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. City Hospital St. 3-01 Ward)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

FULL NAME Morris Haman

(a) Residence: No. 1038 Granby St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar

If married, widowed, or divorced: HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Cemetery Date 7/7/33, 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E Balto St.

20. FILED 1933, 19 [illegible] Deputy [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostate Gastric Carcinoma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. J. Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park

M. D. B. 1268-9

91843

HEALTH DEPARTMENT—CITY OF BALTIMORE 91843

CERTIFICATE OF DEATH

91843 + 125-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. University Hospital St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence A. Buckingham

(a) Residence: No. Gaithersburg, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Buckingham

DATE OF BIRTH (month, day, year) Oct. 20 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	8	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Ethel Wilson

(Address) Gaithersburg Md.

BURIAL, CREMATION, OR REMOVAL Frederick Md. Date July 10 1933

UNDERTAKER Key & Son Inc.

(Address) Gaithersburg Md.

FILED 19..... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/23, 1933, to 7/7, 1933. Last saw him alive on 7/7, 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis and Secondary myocardial failure	
Other contributory causes of importance: Myocardial Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George T. Yeager M. D.

(Address) 3 N. Medical Arts Bldg.

ec.—1-12-23—M&T—500 Blks.

91844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91844

CERTIFICATE OF DEATH.

Greenmount Cem. 72-002

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 303 Gwynn Ave ST. 20-21 WARD)

2-FULL NAME Benedict F Velzis.

(a) RESIDENCE NO. 303 Gwynn Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, and year) 3-17-1897

GE	Years	Months	Days	If LESS than 1 day, hrs or min
36	35	8	19	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano mechanic 086

(b) General nature of industry, business, or establishment in which employed (or employer) Steff Piano

(c) Name of employer Mr Steff

IRTHPLACE (city or town) (State or country) Lithuania

0 NAME OF FATHER Antanas Velzis

1 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

2 MAIDEN NAME OF MOTHER Agatha Lukasus

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant Vincent J. Velzis

(Address) 303 Gwynn Ave.

, 19 Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6— 1933

17 I HEREBY CERTIFY, That I attended deceased from May— , 1932, to July 6— , 1933,

that I last saw h— alive on July 5— , 1933

and that death occurred, on the date stated above, at 5— a m

The CAUSE OF DEATH* was as follows:

Lympho-Adenoma-Hodgkins Dis

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) General Exhaustion

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of May 10/32

Was there an autopsy? no —

What test confirmed diagnosis? —

(Signed) Jno B O'Donnell, M. D.

, 19 (Address) 125 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 7/8 1933.

20 UNDERTAKER Chas. F. Kuchanskas

ADDRESS 703 McHenry.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 VE 91845

91845

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital S. 7-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Wanger

(a) Residence: No. 2402 Montebello Ave. ~~St.~~ Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1920

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Wanger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Wiedefeld

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs Mary Wanger

(Address) 2402 Montebello Ave E

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 8, 1933

UNDERTAKER Mary M. Wiedefeld

(Address) 201 E 22nd St

FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1933, to July 6, 1933.

I last saw her alive on July 6, 1933. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

acute Rheumatic Fever — Date of onset 2 mo. ago

Other contributory causes of importance:

Pericarditis
Sub-acute bacterial Endocarditis
Terminal pneumonia

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ..... M. D.

(Signed) H C Hull Univ. Hosp.

(Address)

C. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91846 E 91846

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 E. Chase St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Maurer

(a) Residence: No. 709 E. Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Maurer

DATE OF BIRTH (month, day, year): 11-25-1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stiffy Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Maurer

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Virginia Galyton

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Alice Maurer

(Address): 709 E Chase St

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 7-8 19 22

UNDERTAKER: Leonard J. Ruck

(Address): 1201 Harford Ave

FILED 7-(illegible) 19 22 Registrar. (illegible)

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-5 19 22

22. I HEREBY CERTIFY, That I attended deceased from 7-4-22 to ... 19 ...

I last saw him alive on 7-4-22 19 ... Death is said to have occurred on the date stated above, at 7 09 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	10 Yrs
Contributory	
Uremia	

Other contributory causes of importance:

acute bronchitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Reid Tyler M. D.

(Address) 709 E. Chase St.

M. D. B. 1268-9

(Jockisch)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

VE 91847

91847

Registered No. 131

1. PLACE OF DEATH Adam H. Jockisch at Gruplo Hospital. St., 600 (Eastern Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam H. Jockisch

(a) Residence: No. 1517 North Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of Theresa W. Jockisch (maiden name) WIFE of

DATE OF BIRTH (month, day, year) Nov. 30 1896

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	36	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ords

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balti Md.

12. NAME OF FATHER Constantine Jockisch

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME OF MOTHER Maria Gasowiger

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Mrs Theresa W. Jockisch

(Address) 1517 N. Bond St

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery July 10 1933

UNDERTAKER Henry Hrel Sons Inc

(Address) 311 E. Eager St

Huntington Williams Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-33, 19

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933, to July 7, 1933.

I last saw him alive on July 7, 1933. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthma	March 1933
Pulmonary edema	

Other contributory causes of importance:

Cardio vascular Renal disease

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. I. C. Cowden, M. D.

(Address) St Agnes Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91848

CERTIFICATE OF DEATH

V 181 E 91848

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

gth of residence in city or town where death occurred 44 yrs. 0 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

25-01

FULL NAME Sophia L. Wienhold.

(a) Residence: No. 909 Washburn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced (or) WIFE of John F. Wienhold.

7. DATE OF BIRTH (month, day, year) June 9, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	0	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Anton Petry.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME OF MOTHER Louisa Rosener.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John F. Wienhold. (husband)
(Address) 909 Washburn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date July 8 1933

19. UNDERTAKER Henry Hoech & Sons Inc
(Address) 1st E. Lanvale & Thirteenth St. Fox Hills

20. FILED 1933 Registrar 7/6/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 9.12 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
2nd & 3rd degree burns of body.	7/5/33
Explosion of oil stove.	
Accidental Death.	

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis Inquiry Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/5/33 19
Where did injury occur? 909 Washburn Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home.
Manner of Injury Explosion of oil stove.
Nature of Injury Burns. Home or other

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Otto M. Reinhardt M. D.
Coroner
7/6/33 (Address) 1017 E. Charles St.

D. H. 1268-9

Dr Morrissey

HEALTH DEPARTMENT—CITY OF BALTIMORE

91849

CERTIFICATE OF DEATH

Registered No. 91849

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 East 20th St., 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Stella S. Dean

(a) Residence: No. 102 East 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert E Dean

DATE OF BIRTH (month, day, year) April 12 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
8. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

9. BIRTHPLACE (city or town) (State or country) Baltimore Md
10. NAME Fletcher G Stockdale
9. BIRTHPLACE (city or town) (State or country) Balto Md
12. MAIDEN NAME Frances S Ray
9. BIRTHPLACE (city or town) (State or country) Balto Md
13. INFORMANT Albert E Dean
(Address) 102 East 20th St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/8 1933
UNDERTAKER William Cook
(Address) 1217 St Paul St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Uterus	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John O'Morrissey Coroner, M. D.
(Address) 3652 Roland Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1850 E 91850

CERTIFICATE OF DEATH

82-007

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 124 McCulloh St., Ward 11-01

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Jno Wheatley

(a) Residence: No. 124 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX White 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) Married

(married, widowed, or divorced) HUSBAND of (or) WIFE of Ella

ATE OF BIRTH (month, day, year) 1882

GE Years 51 Months Days 20 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Easton Md

. NAME

. BIRTHPLACE (city or town) (State or country)

. MAIDEN NAME

. BIRTHPLACE (city or town) (State or country)

FORMANT Ella Wheatley

(Address) 124 McCulloh

RIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 6/7/33

NDERTAKER Daniel Easton

(Address) 916 Penna ave.

1933 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 , 33

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Sudden

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91851 E 91851

CERTIFICATE OF DEATH

82-001

Registered No. 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E. Federal Street St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella A. Hewitt

(a) Residence: No. 1110 E. Federal Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ralph Hewitt Sr.

7. DATE OF BIRTH (month, day, year) April 19, 1848.

AGE	Years	Months	Days	If LESS than 1 day, hours or min.
	85	2	16	######

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Frances Fink

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Ralph Hewitt Jr. 1110 E. Federal Street.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem Date July 8, 1933

19. UNDERTAKER (Address) [illegible] Registered

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1933 to July 5th, 1933. Death is said I last saw [illegible] alive on July 4th, 1933 at 11 a m. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	7/1/33

Other contributory causes of importance:

Arteriosclerosis	Month 1931

Name of operation — Date of —

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1401 N 25th St

D. B. 1268-9

1852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91852

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 3-01 Ward)

Registered No. 194-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Lewinski

(a) Residence: No. 129 Aliceanna St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Joseph Lewinski

(Address) Frederick Rd & Ralling Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem Date 7/8, 1933

19. UNDERTAKER John J. Coutas & Son

(Address) 901 Washington Blvd

20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Fractured Rib
Probable accident

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Unknown, 19...

Where did injury occur? Reisterstown Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury Unknown

Nature of injury Fractured Rib

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Unknown

(Signed) Geo F Herzog M.D. M. D.

Coroner

(Address) 1302 N Eutaw St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91853

93-103

Registered No. 1853

1. PLACE OF DEATH
CITY OF BALTIMORE: (Not Baltimore City Hosp. St. 19-Ward)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William H. Schade (Schuett)
(a) Residence: No. 1618 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Schade

DATE OF BIRTH (month, day, year): March 21, 1860

AGE: Years 73 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 6-27

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Godfrey Schade

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Catherine F Lindbach

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT (Address): Records Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL: Place Baltimore Date 7/8/33, 19

UNDERTAKER (Address): Geo H. Lemmert 1-11-N Eutaw St

Registered: July 8 1933

Transcription Written: July 8 1933

FILED: 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1933 to July 6, 1933

I last saw him alive on July 6, 1933 Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease ? | Date of onset

Other contributory causes of importance:

Congestive failure | 9 Yrs

Name of operation | Date of

What test confirmed diagnosis? | Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? | Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magill M. D.

(Address) Baltimore City Hosp.

Rec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

91854 E 91854

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) Bon Secours Hosp. (St.) (Ward) 20-al

2. FULL NAME Mrs. Gertrude Mc Eyerly

(a) RESIDENCE No. 2543 - Ashton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed or divorced HUSBAND of (or) WIFE of Wm S. Eyerly

6 DATE OF BIRTH (month, day, and year) April 8th 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER Wm Steffe

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Lecian Andrews

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

Informant Wm S Eyerly

(Address) 2543 Ashton St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5/33

17

I HEREBY CERTIFY, That I attended deceased from 7/1/33, 19, to 7/5/33, 19

that I last saw h alive on 7/5/33, 19

and that death occurred, on the date stated above, at 3:50 p m

The CAUSE OF DEATH* was as follows:

C. V. D. disease.
Arterial Hypertension
Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Aloha H. Crowther M. D.

19 (Address) Bon Secours Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 7/8/33

UNDERTAKER F. B. Wappat & Son

ADDRESS 1310 Eutaw Place

1933 Registered No. 13 Ward 19

M. D. B. 1268-9

91855

HEALTH DEPARTMENT—CITY OF BALTIMORE

91855 E 91855

CERTIFICATE OF DEATH

X 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital 12-01

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr. DeLaWarr B. Easter Easta

(a) Residence: No. 6 University Place, St., Lexington, Va Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Bayne

DATE OF BIRTH (month, day, year) Oct 9, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	2728	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Easter

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Gordon

16. BIRTHPLACE (city or town) (State or country) Richmond Va

INFORMANT Sarah B. DeLaWarr Easter

(Address) same

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date July 8, 1933

UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from 6/28/33 , 19 to 7/6/33 , 19

I last saw him alive on 7/6/33 , 19 . Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

coronary thrombosis — Date of onset 6-28-33

Other contributory causes of importance:

Myocardial failure

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard France , M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

91856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91856

CERTIFICATE OF DEATH

89-002 Registered No.

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Louise Ward

(a) Residence: No. 133 Alexander St., ... Ward. Hagerstown Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) May 19 1930

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ | 11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Hagerstown Md.

13. NAME John Ward

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Louise Hendershot

16. BIRTHPLACE (city or town) (State or country) Penna.

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date July 11 1933

UNDERTAKER Fred Kraissl

(Address) Hagerstown Md

FILED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Fri. July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/30, 1933, to 7/7, 1933

I last saw h EW alive on 7/7, 1933 Death is said to have occurred on the date stated above, at 5-10 P m.

The principal cause of death and related causes of importance were as follows:

Streptococcus Meningitis — Date of onset 6/29/33

Other contributory causes of importance:

Terminal Pneumonia

Name of operation Mastoidectomy Date of 6/5/33

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Richard France M. D.

(Address) Union Memorial Hosp

H. D. B. 1268-9

91857 / Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 69 E 91857

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Barnes

(a) Residence: No. Northeast Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 5 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME John Rohrer

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Eva Singleton

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Offord Pa Date July 11 1933

UNDERTAKER Joseph R. Grant (Address) North East Md

FILED [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27 . 1933 to July 7 . 1933

I last saw him alive on July 7 . 1933 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
osteomyelitis	1920
Fistulas	1933
Amyloid Degeneration of kidneys	
Uremia judgt.	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J E Deutsch M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

91858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91858

CERTIFICATE OF DEATH

157-013 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N Lakewood St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Petza

(a) Residence: No. 18 N Lakewood Ave St. 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 2-1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HW

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Albert Petza

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Blanche Wesolowski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Albert Petza (Father)
(Address) 18 N. Lakewood Ave

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date July 8, 1933

UNDERTAKER Lilly & Lilly Inc
(Address) 703 E Baltimore St.

FILED ... 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to July 7, 1933

I last saw him alive on July 5, 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	7/1/33
Patent of Foramen Ovale to close	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. J. Mazar M. D.

(Address) 306 E Balt St

M. D. B. 1268-9

91859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91859

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Rudd

(a) Residence: No. 211 Cedarland Avenue, Ward Town Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Singlr, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 years	3	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York, N. Y.

13. NAME Phillip Farrington

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Charles M. Rudd

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Maria Cem. Date July 11 1933

UNDERTAKER John Burns Sons

(Address) Towson Md.

1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933 to July 8, 1933

I last saw h[illegible] alive on July 8, 1933 Death is said to have occurred on the date stated above, at 7.05 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (Primary)	

Other contributory causes of importance:

Surgical shock post-operative

Uremia Bladder Resection Date of [illegible] 7/7/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Magruellen M. D.

(Address) St. Joseph's Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91860

CERTIFICATE OF DEATH

119 E 91860

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2923 Brantley Rd St. 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace A. Burns

(a) Residence: No. 2923 Brantley Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 3 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Raymund B Burns
14. BIRTHPLACE (city or town) W. Va
(State or country)
15. MAIDEN NAME Mary E Slater
16. BIRTHPLACE (city or town) Balto.
(State or country)
17. INFORMANT Raymond B Burns
(Address) 2923 Brantley Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 8 1933

19. UNDERTAKER Maynard G. Flynn
(Address) 2107 Pennsylvania Ave

20. FILED 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Enteritis	
5 Days	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) A. Polk Gorsuch, M. D.
Coroner
(Address) ...

M. D. B. 1268-9

91861 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91861

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Th.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 11-a (Ward)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Harrington

(a) Residence: No. 951 W. Madison ave. St., Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel Harrington

DATE OF BIRTH (month, day, year) Jan. 18, 1903

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holand, Va.

13. NAME Daniel Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ada Hazlett

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
by Holland Va. Date July 8 1933

UNDERTAKER Robert E. McElderry
(Address) 15-15 McElderry st

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933 to July 5, 1933

I last saw her alive on July 5, 1933. Death is said to have occurred on the date stated above, at 6.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1932
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Glenwood M. D.
(Address) Baltimore City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91862

CERTIFICATE OF DEATH

93-B 91862

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 113 N. Mount St. 14-01 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Columbus Saunders

(a) Residence: No. 113 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Saunders

6. DATE OF BIRTH (month, day, year) Sept 14, ~~1869~~ 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1932
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland
13. NAME Lewis Wesley Saunders
14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland
15. MAIDEN NAME Barbara Owens Figh
16. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland
17. INFORMANT Mary Ellen Booker
(Address) 516 Pressman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 9, 1933
19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Spruce St
20. FILED July 10 1933 Mrs Katie R. Williams N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-6-1933 to 7-6-1933
I last saw him alive on 7-6-1933 Death is said to have occurred on the date stated above, at 8.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 years

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Continual hard labor
(Signed) John G. S. Carter M. D.
(Address) 1119 N. Carrollton Ave

Co. 5-31 2508

E 91863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91863

CERTIFICATE OF DEATH

106-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 704 W Lanvale St. 17-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Edna E. Martin

(a) Residence: No. 704 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

ATE OF BIRTH (month, day, year) Feb 17 1933

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
	4	20th	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country)

. NAME Robert C Martin

. BIRTHPLACE (city or town) Richmond Va
(State or country)

. MAIDEN NAME Beatrice Rucker

. BIRTHPLACE (city or town) Va.
(State or country)

NFORMANT Beatrice Martin
(Address) 704 W Lanvale

URIAL, CREMATION, OR REMOVAL
Place ... Date July 9 1933

NDERTAKER Sam'l M. Gaither & Son
(Address) 638 W. Lanvale

July 9 1933, 19 ... Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 8, 1933
I last saw h[illegible] alive on July 7, 1933 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rickets	3 Mos.
Other contributory causes of importance: Heat - Bronchitis Pneumonia Congestion Lungs	3 Dys.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. N. Wright, M. D.

(Address) 1209 Eutaw Place

M. D. B. 1268-9

E 91864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91864

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 W. Mulberry St. 19-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Bundy

(a) Residence: No. 1413 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

DATE OF BIRTH (month, day, year) 12/29 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Joseph Williams

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Annie Owens

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Paul Bundy

(Address) New Sheffield apts. Balto Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 7/8/33 19

UNDERTAKER Thomas C. Nelson

(Address) 303 Pressman St.

Filed 1933 by ..... Undertaker.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20 1933 to July 5 1933

I last saw h[illegible] alive on July 5 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocard. Ts	6/20

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. N. Hatcher M. D.

(Address) 1715 E. Monument

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91865

CERTIFICATE OF DEATH

E 91865

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. City Hospital St. 26-01 Ward)

gth of residence in city or town where death occurred 30 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? 31 yrs. 0 mos. 6 ds.

FULL NAME Christian Greiner

1a) Residence: No. 503 S 45th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret S Keil

ATE OF BIRTH (month, day, year) Dec 3 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	13	12

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Germany

NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Margaret Greiner
(Address) 503 S 45th St

RIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 9 1933

NDERTAKER
(Address) Lutz Mortuary

LE 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h— alive on ..... 19 .. Death is said to have occurred on the date stated above, at 1:30 p m

The principal cause of death and related causes of importance were as follows: | Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. F. Hergand M. D. Coroner

(Address) 1305 N Patterson Park Ave

E 91866

91866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 713½ N. Saratoga St. 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Walter Moore

(a) Residence: No. 713½ N. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'Donnell

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

NAME unknown

BIRTHPLACE (city or town) (State or country) N. C.

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Mrs. Lucinda Gaskins
(Address) 916 Bond Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 1/8/33, 19

UNDERTAKER Lewis Gaskins
(Address) 916 Bond Ave.

Filed 1-8-1933, 19 Livingston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933 to July 6, 1933

I last saw him alive on July 6, 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis & myocarditis.	1 year ago.

Other contributory causes of importance: ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Mantley M. D.

(Address) 1230 Druid Hill Ave

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

91867 E 91867

CERTIFICATE OF DEATH

V 154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. St. [illegible] (If Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Carter

(a) Residence: No. University Hospital St., Ward. 11th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Newborn

If married, widowed, or divorced HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) 7/6/33

7. AGE Years	Months	Days	If LESS than 1 day 4 hrs. 40 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newborn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Herbert Clarewell

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Edmonia Carter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother

(Address) 8[illegible] W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 8 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7:35 PM 7/6, 1933, to 12:15 AM 7/7, 1933.

I last saw him alive on ..., 19 ... Death is said to have occurred on the date stated above, at 12:15 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Separation of Placenta	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. W. Dorsey, M. D.

(Address) University Hospital

D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91868

CERTIFICATE OF DEATH

131 D 91868

PLACE OF DEATH

TY OF BALTIMORE: (No. Hopkins Hospital St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alberta Page

(a) Residence: No. 1516 E. Fairmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Married

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Unknown

NAME "

BIRTHPLACE (city or town) (State or country) "

MAIDEN NAME "

BIRTHPLACE (city or town) (State or country) "

FORMANT Hopkins Records

Address)

RIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 28, 19

DERTAKER

Address)

D June 1933 19

10619 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22/33, 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19, to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at 2.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy ?	hrs
Other contributory causes of importance:	
Arteriosclerosis-nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

Coroner

(Address) 5086 Roland

M. D. P. 1268-9

(Marcia Hirschkowitz)

HEALTH DEPARTMENT—CITY OF BALTIMORE 94869

CERTIFICATE OF DEATH X V 157-001

94862

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 7-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marcia Hirschkowitz

(a) Residence: No. 54 Vernon Ave St., Ward. Brooklyn NY
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11 mos	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Abraham Hirschkowitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose Cook

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Rondo JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 8 1933

UNDERTAKER Joseph Ahrens
(Address) 221 Bway

Huntington Williams, M.D.
Dr.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to July 7, 1933
I last saw her alive on July 5, 1933 Death is said to have occurred on the date stated above, at 6.35 p.m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus, obstructive, congenital — Date of onset 11 mos

Other contributory causes of importance: Congenital cardiac disease

Name of operation Ventriculostomy Date of 7-6-33

What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Goodhart M. D.
(Address) Johns Hopkins Hosp.

H. D. B. 1268-9

91870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 91870

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Springdale St., 15-84 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isadora H Ford

(a) Residence: No. 4102 Springdale St., CR Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Ford

DATE OF BIRTH (month, day, year) June 16 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jacob W Boston

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza Featherbury

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Harry Ford

(Address) 4102 Springdale Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date July 10, 1933

UNDERTAKER Edward Foulkes

(Address) Washington Blvd

FILED Huntington Williams Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1932 to July 7, 1933

I last saw her alive on July 7, 1933 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Name of operation Biopsy of Cervix Date of Nov. 21-32

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth B. Boyd M. D.

(Address) 10 E. W. Madison St.

M. D. B. 1268-0

91871

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91871

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Bella Vista Ave Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. S. Henderson

(a) Residence: No. 5503 Bella Vista St., Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	white	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Ruth McA Henderson

DATE OF BIRTH (month, day, year) Dec 15, 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofing 0.86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawrence Rubber

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna

13. NAME Peter Henderson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Agnes Goodwin

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Ruth McA Henderson

(Address) 5503 Bella Vista Ave.

BURIAL, CREMATION, OR REMOVAL

Place Wilkesbarre Pa Date July 9th 1933

UNDERTAKER Williams Cooke

(Address) 217 St Paul St

Huntington W. Williams

FILED JUL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13 1933 to July 8 1933

last saw h[illegible] alive on July 8 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Other contributory causes of importance:	
Parenchymatous nephritis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas Emmert M. D.

(Address) 470 Hanover Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91872

91872

CERTIFICATE OF DEATH

115-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Meyers

(a) Residence: No. 5723 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 24 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lloyd Meyers

14. BIRTHPLACE (city or town) (State or country) Wisconsin

15. MAIDEN NAME Dora

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Lloyd Meyers
(Address) 5723 Harford Rd

BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date July 10 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED JUL 29 - 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 8, 1933

I last saw him alive on July 6 1933. Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Sore Throat	6/23/33
Other contributory causes of importance:	
Bronchopneumonia	7/5/33

Name of operation none Date of No

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. Peter Mesaneki M. D.

(Address) Lyden Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91873 E 91873

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Carey

(a) Residence: No. 4603 Elsodle Ave Elsode Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or) ~~WIFE of~~ Mary Carey (Dead) Delia Carey (Dead)

6. DATE OF BIRTH (month, day, year) Aug 19 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9 10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME Patrick Carey.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary Burns

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Thomas E. Carey (Son)

(Address) 4603 Elsodle Ave

BURIAL, CREMATION, OR REMOVAL

Place St Peters Date July 10 1933

UNDERTAKER Wm Cook

(Address) 217 E Pratt St Washington Blvd & Mildred St, Md

FILED July 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23 1933 to July 7 1933

That I saw him alive on July 7 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Hypertension	?
Bronchopneumonia	2 wks

Other contributory causes of importance:

Chronic Bronchitis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T P Magill M. D.

(Address) Balt. City Hosp.

D. B. 1268-9

E 91874

91874 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Batavia Ave. St., 27th Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Margaret Gifford Lenz

(a) Residence: No. 3216 Batavia Ave. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Lenz

6. DATE OF BIRTH (month, day, year) Dec. 5, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 2 1

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James Johnston Gifford

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Elizabeth Ann Downs

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Edith Lenz
(Address) 3216 Batavia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date July 10 1933

19. UNDERTAKER Wm Cook
(Address) 121 E. Fayette St

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) July 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to July 7 1933

I last saw her alive on July 7 1933. Death is said to have occurred on the date stated above, at 10-12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1923
Progressive Paralysis	1930
Other contributory causes of importance:	
Chr. Hypertrophic Arthritis	1923

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) A. L. McKinsey, M. D.

(Address) 3218 Belair Rd.

D. B. 1268-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

91875 E 91875

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Edmondson Ave. St. 20-21 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Percy Lee Garner

(a) Residence: No. Aberdeen Farm Annapolis, Md. Ward. Anne Arundel Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 16 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

13. NAME OF FATHER George Garner Sr.

14. BIRTHPLACE (city or town) (State or country) Washington D C

15. MAIDEN NAME OF MOTHER Joanna Rockfold

16. BIRTHPLACE (city or town) (State or country) Severn Md Anne Arundel Co

17. INFORMANT Mrs W Michel
(Address) 2901 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Bluff Cem Date July 9 1933

19. UNDERTAKER Geo M Arnold & Son
(Address) 811 W Lafayette Ave

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to July 8 1933

I last saw him alive on July 5 1933 Death is said to have occurred on the date stated above, at 5.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Dec 1932
Other contributory causes of importance: Ischio-Rectal Abcess.	April 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Proctoscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W Michel M. D.

(Address) 2901 Edmondson Ave.

91876

E 91876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4223 Park Heights ave Ward 5-04)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Levy

(a) Residence: No. 4223 Park Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob.

DATE OF BIRTH (month, day, year): 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Morris Lunka

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Esther Levy

(Address) 4223 Park Heights ave

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herrm Cem Date July 9 1933

UNDERTAKER: L. Levinson Bro

(Address) 1127 E Baltimore St.

FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to July 7, 1933

I last saw her alive on July 7, 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	18 m
Other contributory causes of importance: Cachexia	1 dy

Name of operation: — Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M J Baylus M. D.

(Address) 2040 Eutaw

D. B 1268-9

Dr Hotchkiss 9-10.30

E 91877

E 91877 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Mondawmin St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Bessie Fleet

(a) Residence: No. 2316 Mondawmin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Alexander Fleet

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Fleet Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Hebrew Cem. Date 9/9/33 19

19. UNDERTAKER Sol Levy Sons
(Address) 1433 E. Baltimore St.

Huntington Williams, M.D.
Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7/33 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1933 to July 7, 1933

I last saw her alive on July 7, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Aug/32
Other contributory causes of importance:	
arteriosclerosis	10 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore Hotchkiss M. D.

(Address) 1810 Eutaw Place

H. D. B. 1268-9

878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91878

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Baltimore, Md St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Moses Davidow

(a) Residence: No. 2922 Parkwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 025

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Date 7/7/33 19

UNDERTAKER Sol Levin Inc

(Address) 1439 E Balto St.

FILED ..... Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 7, 1933

I last saw him alive on July 7, 1933 Death is said to have occurred on the date stated above, at 2-0 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina	6/28/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) De Bernard Cohen M. D.

(Address) Sinai Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91879 91879

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 45-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl Osterman

(a) Residence: No. 3705 Edgewood Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 8, 1933

AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or 45 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature Birth
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt city, Md.

13. NAME George Osterman

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

15. MAIDEN NAME Kathryn Muth

16. BIRTHPLACE (city or town) (State or country) Balt. city Md.

INFORMANT George Osterman
(Address) 3705 Edgewood Rd.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 10, 1933

UNDERTAKER Henry W. Meyerston
(Address) 805 N. Calvert St.

FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 7 am to 1:45 pm July 8, 1933
I last saw h[illegible] alive on 1:45 pm July 8, 1933. Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward P. Lynch M. D.

(Address) 980 N. Eutaw St.

H. D. B. 1269-9

E 91880

HEALTH DEPARTMENT—CITY OF BALTIMORE

91880

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 34 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Fatie ..... parents .....

(a) Residence: No. 1593 (Usual place of abode) Monroe St. Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abe Garnitz

DATE OF BIRTH (month, day, year) .....

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Dreida

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records

(Address) .....

BURIAL, CREMATION, OR REMOVAL Cohen-Sagan Date 7/9/33 19.....

UNDERTAKER Jack Lewis Inc.

(Address) 1437 E. Baltimore St.

FILED 7-10 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 19 33

22. I HEREBY CERTIFY, That I attended deceased from June 26 19 32 to June 9 19 33

I last saw her alive on June 9 19 33 Death is said to have occurred on the date stated above, at 7½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis — Left	June 1933
Bronchopneumonia	June 7, 33
Other contributory causes of importance:	
Chronic Myocarditis	1926
Septicemia	

Name of operation Drainage Left nephrostomy Date of 7-7-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. K. Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

✓ E 91881

1881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. advert + 33rd St. 12-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 24 mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr David H. McKay (McKay)

(a) Residence: No. Severna Park Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 2 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME W. Asgill McKay

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Annie McKay

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Guy Roy (Sister)

(Address) Severna Park Md

BURIAL, CREMATION, OR REMOVAL

Place Luray Va. Date July 10 1933

UNDERTAKER John D. Mitchell Sons

(Address) 900 Eutaw Place

FILED 1933 Washington Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JE 33, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-22-33, 19, to 7-5-33, 19

I last saw him alive on 7-5-33, 19 Death is said to have occurred on the date stated above, at 4:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	✓
- Mitral insufficiency	6-22-33
- Myocardial "	
(Arteriosclerotic heart disease)	
Other contributory causes of importance:	
Bronchopneumonia	7-3-33
Uremia	7-5-33

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Krance M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9 E 91882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91882

2443 73

Mad

131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Fahey Sr

(a) Residence: No. 1530 N Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) Feb 4 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Michl J Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Maria Larkin

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 7/11/33 19...

UNDERTAKER (Address) H S Brauns Son 1136 Park or Grace St

FILED ... 19... 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to July 8, 1933

I last saw him alive on July 8, 1933 Death is said to have occurred on the date stated above, at 12 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1931
Arteriosclerosis	
Myocardial insufficiency	1933
Chronic vascular nephritis	1933
Uremia	June 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) Carlisle C Bedell M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

M ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

1883

E 91883

CERTIFICATE OF DEATH

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 42-01 St., (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Sutcliffe Jr.

(a) Residence: No. 1817 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 31, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soda Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Walker Drug Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway, Orangeburg Co. South Carolina

13. NAME OF FATHER William A. Sutcliffe Sr.

14. BIRTHPLACE (city or town) (State or country) Cope, Orangeburg S.C.

15. MAIDEN NAME OF MOTHER Anna Thomas

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm A Sutcliffe Sr.
(Address) Cope, Orangeburg, S.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Orangeburg S.C. Date 7/10 1933

19. UNDERTAKER Wm Cooper
(Address) 1111 N Eutaw

20. FILED July 7 1933 Huntington Williams, Actg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to July 1933

I last saw him alive on July 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	7/4/33
Other contributory causes of importance: Automobile Accident	7/4/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 4. 1933

Where did injury occur? Pikesville Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pikesville Baltimore

Manner of injury facing auto struck a

Nature of injury fractured he was sitting on

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph F Deaver Coroner, M. D.

(Address) 200 E Madison St

D. B. 1268-9

E 91884

1884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4671 Park Heights Ave St. 27-31 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 57 yrs. ... mos. ... ds.

2. FULL NAME Adolph Strauss

(a) Residence: No. 4671 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Strauss

6. DATE OF BIRTH (month, day, year) Nov 2, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shp.

10. Date deceased last worked at this occupation (month and year) May 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Lenard Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Muse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Strauss
(Address) 4671 Park Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Sol's Redwood Date 7/11, 1933

19. UNDERTAKER Wm. Lemmon
(Address) 1611 Park Heights Ave.

Reg. No. 19538 Filed ... 19... for Williams, N.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933, to July 8, 1933

I last saw him alive on July 8, 1933 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Other contributory causes of importance:	
Senile Edema	Jan 1/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. D. Bubert, M. D.

(Address) 3618 Sequoia Ave

M. D. B. 1268-9

91885

HEALTH DEPARTMENT—CITY OF BALTIMORE

91885

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Joseph D. Abey

(a) Residence: No. 208 Franklin Bklyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Abey

DATE OF BIRTH (month, day, year) Mar 31 1893

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & O 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Samuel Abey

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary J. Lane

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Barbara E. Abey

(Address) 208 Franklin St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 7 1933

UNDERTAKER John F. Fahey Sons

(Address) 1311 Light St.

FILED July 8 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933 to July 5, 1933

I last saw h[illegible] alive on July 5, 1933 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?

Other contributory causes of importance:

Mal analgesia malnutrition	

Name of operation gastro enterostomy Date of 7-5-33

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. Magenseller M. D.

(Address) St Josephs Hospital

D. B. 1268-9

91886 HEALTH DEPARTMENT—CITY OF BALTIMORE 91886

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 22-21 Ward)

Length of residence in city or town where death occurred 30 yrs. ---mos.---ds. How long in U. S. If of foreign birth 31 yrs.---mos.---ds.

FULL NAME Isadore Lazauckas.

(a) Residence: No. 636 Washington Blvd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of XXXXXXXXXX Veronica Lazauckas.

7. DATE OF BIRTH (month, day, year) May 19, 1885

8. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
48	1	28	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 6 0

11. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT William Lazauckas. (son)

(Address) 636 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 10 1933.

19. UNDERTAKER Chas. F. Kuchynskas

(Address) 703 So. Penna. St.

Filed 1933 (Signed) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 12.57 m a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation No. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otto M. Geim Coroner, M. D.

7/8/33 (Address) 1017 E. Charles St.

M & T—100 B—50L

91887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91887

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

-PLACE OF DEATH

OF BALTIMORE: (NO.) 1739 E. Lanvale Street ST., 8-01 WARD)

-FULL NAME Kattie Bailey

) RESIDENCE NO 1739 E. Lanvale Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

harried, widowed, or divorced HUSBAND of or) WIFE of ---*----*---*

E OF BIRTH (month, day, and year) May 18, 1877

Years	Months	Days	If LESS than 1 day, hrs.
bout 55	I	I9	

UPATION OF DECEASED (Trade, profession or ticular kind of work) Retired
(General nature of industry, iness, or establishment in ch employed (or employer)) Cook
Name of employer

THPLACE (city or town te or country) Virginia

NAME OF FATHER (Unknown)

IRTHPLACE OF FATHER (city or town State or country) (Unknown)

AIDEN NAME OF MOTHER Sarah E. (Unknown)

IRTHPLACE OF MOTHER (city or town State or country) Virginia

nant Mrs. Edna Neary

ddress) 1739 E. Lanvale Street

1933 Huntington Lilliewood Registrar

CORONER'S CERTIFICATE OF DEATH

1 45 P.M.

16 DATE OF DEATH (month, day, and year) July 7/33 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured intestine-volvulus

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Chr. Colitis-recurrent

stricture of rectum. ? yrs. ? mos? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 1929

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) J. H. Bacon, M. D. Coroner

7/8/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL July 9 1933

20 UNDERTAKER George J. Carter Inc

ADDRESS 1735 Harford

M. D. B. 1268-9

Dr. Pelt: Kean 817 Hamilton Terrace

91888 HEALTH DEPARTMENT—CITY OF BALTIMORE 91888

CERTIFICATE OF DEATH

V 46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 N. Calvert St. 11-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Ida Tarrant

(a) Residence: No. 922 N. Calvert St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If ~~married, widowed~~ or divorced (or) WIFE of J. B. Tarrant

DATE OF BIRTH (month, day, year) Dec 13th 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupatinn

BIRTHPLACE (city or town) (State or country) Brookville Pa

13. NAME Cornelius Stahlman

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Gaupp

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs. M. R. Kahns

(Address) Clarion Pa.

BURIAL, CREMATION, OR REMOVAL Clarion Pa Date 7/10 1933

Place

UNDERTAKER Wm Cook & Son

(Address) 1514 E Cold St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) July 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to July 9, 1933 Death is said

I last saw h[illegible] alive on July 9, 1933, at 10 P. m.

to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach

Date of onset year

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopay?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify M. D.

(Signed) H. H. Pelt Kean

(Address) 817 Hamilton Ter.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1889

CERTIFICATE OF DEATH

V 46 E 91889

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1614 John St. 14-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Ramsey

(a) Residence: No. 1614 John St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Harriet L. Ramsey

DATE OF BIRTH (month, day, year) Sept 18 1865

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highways Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Gov

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME George Ramsey

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Hill

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Miss Rita Ramsey

(Address) 1614 John St

BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date 7/11 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

JUL 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1933 to July 8 1933

I last saw h~~im~~ alive on July 8 1933. Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cardiac end of stomach with oesophageal involvement	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to ~~external causes~~ (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. Jones M. D.

(Address) 720 N Monroe

M. D. B 1268-9

91890 HEALTH DEPARTMENT—CITY OF BALTIMORE 91890

CERTIFICATE OF DEATH

Registered No. V 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3327 Ingleside Ave Gilmor Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(Usual place of abode)

2. FULL NAME Sarah Mason Algeo
(a) Residence: No. 3327 Ingleside Ave St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Wm J. Algeo

DATE OF BIRTH (month, day, year) Dec. 17, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N.Y. City.

13. NAME OF FATHER Abram VanHorn
14. BIRTHPLACE (city or town) (State or country) N.Y. City.
15. MAIDEN NAME Margaret Lange
16. BIRTHPLACE (city or town) (State or country) N.Y. City.

INFORMANT Mrs Geo. P. Engler
(Address) 3327 Ingleside Ave

BURIAL, CREMATION OR REMOVAL Date July 10, 1933
Place Druid Ridge
UNDERTAKER Wm. H. Keller Sons
(Address) North & Pa Aves.

Huntington Williams
Registrar.

ID 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to July 6, 1933. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Unknown

Other contributory causes of importance:

Senility

Name of operation Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. B. Connor M. D.
(Address) 4936 Park Heights Ave

M. D. B. 1268-9

91891 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49E 91891

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Parkwood Ave St.) 13-21 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Virginia Harman

(a) Residence: No. 2722 Parkwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Howard J. Harman

DATE OF BIRTH (month, day, year) June 28. 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 037

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Alleghany Co Md

13. NAME John L Keller

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Matheny

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mr Howard J. Harman

(Address) 2722 Parkwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Hebron Date July 10 19 33

UNDERTAKER J. Frederick Ames

(Address) 4 West Fayette St

FILED ..... Registrar.

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from March 7 . 19 33 to July 7 . 19 33

I last saw h. alive on Friday July 7 . 19 33 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ovary	?
Exhaustion	

Other contributory causes of importance:

Name of operation Exploration Date of 4/18/33

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Standish McAleer . M. D.

(Address) 1609 Linden Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1892 E 91892

CERTIFICATE OF DEATH

V 97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2959 Keswick St., 13-01 Ward)

gth of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Charles E. Cuddy

(a) Residence: No. 2959 Keswick St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Cuddy

ATE OF BIRTH (month, day, year) ~~July 8, 1853.~~

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75				

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 8b
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 12 yr. odd
8. Date deceased last worked at this occupation (month and year) July | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Monkton Md

3. NAME Elihu Cuddy

4. BIRTHPLACE (city or town) (State or country) Monkton Md.

5. MAIDEN NAME Catharine Johnson

6. BIRTHPLACE (city or town) (State or country) White Hall Md

NFORMANT Bell C. Cuddy

(Address) 2723 Harry Place

URIAL, CREMATION, OR REMOVAL

Place Monkton Md Date July 10, 1933

NDERTAKER Richard F. Cuddy

(Address) 760 E. Monument Ave.

LED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933 to July 8, 1933

I last saw him alive on July 7, 1933 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	?
	July 7, 33

Other contributory causes of importance:

Arteriosclerosis
Albuminuria Hypostatic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Hutchins M. D.

(Address) 4037 Falls Road

M. D. R. 1268-9

91893

HEALTH DEPARTMENT—CITY OF BALTIMORE

91893

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 Gilmor St. 16-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Garrison

(a) Residence: No. 634 N. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of Julia Garrison

DATE OF BIRTH (month, day, year) Unk

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 Years			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074
8. Date deceased last worked at this occupation (month, day, year) Nov. 1932
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Quantico, Md.

13. NAME OF FATHER Evan Garyson

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME OF MOTHER Margaret Williams

16. BIRTHPLACE (city or town) (State or country) Quantico, Md.

INFORMANT Julia Garrison

(Address) 634 N. Carey St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cemetery Date 7/10 1933

UNDERTAKER Charles H. Burkett

(Address) 321 N. Carey St.

FILED 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27 1933 to July 8 1933

That I last saw h[illegible] alive on July 8 1933 Death is said to have occurred on the date stated above, at 4:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4 months ago
Essential hypertension	1931
Arterio-sclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Marshall M. D.

(Address) 1838 Druid Hill

M. D. B. 1268-9

E 91894

91894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 E Fayette St 6-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Martha Trabing

(a) Residence: No 2936 E Fayette St. Ward. .....
(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Trabing

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Hirsh

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Not known

INFORMANT Charles Trabing
(Address) Post Office Parradena Md

BURIAL, CREMATION, OR REMOVAL
Place Et. Paul Cem. Date July 10 1933

UNDERTAKER John Deltz
(Address) 58 N Hudson St

FILED JUL 10 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1931 to July 1933

I last saw h[illegible] alive on July 8 1933. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
General Arteriosclerosis	1923
Chronic Myocarditis	1928

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Milton F. Solomon M. D.

(Address) 117 S. Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1895 E 91895

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Mrs. Kate Small,

(a) Residence: No. 431 Evesham Ave; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jos. E. Small

DATE OF BIRTH (month, day, year): Nov 12 - 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75 years	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Thomas Lawrey

14. BIRTHPLACE (city or town) (State or country): Balto Co

15. MAIDEN NAME: Elizabeth Tracy

16. BIRTHPLACE (city or town) (State or country): Balto Co

INFORMANT: Lila Gleason

(Address) 421 Evesham Ave

BURIAL, CREMATION, OR REMOVAL: Jordan Park Date July 8 1933

UNDERTAKER: T. D. Mayfield

(Address) 3539 Falls Road

FILED ... 19... [illegible]

D 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933 to July 8, 1933

I last saw the deceased alive on July 8, 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Peritonitis	2 days
Other contributory causes of importance: 1. Acute Cholecystitis	4 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Boyle, M. D.

(Address) St Joseph Hospital.

M. D. B. 1268-0

Morton

HEALTH DEPARTMENT—CITY OF BALTIMORE

1896

CERTIFICATE OF DEATH

117 E 91896

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Rose Morton

(a) Residence: No. 1351 E. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Sept. 18 - 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Patrick Morton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose Rogers

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date July 12, 1933

UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

[illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to July 8, 1933

I last saw her alive on July 8, 1933. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Duodenal Ulcer	7-6-33
Other contributory causes of importance:	
Peritonitis	7-6-33

Name of operation None attempted Date of 7-6-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank G. Brown M. D.

(Address) 1112 St Paul St

91897 Herbert 691897

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91897

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 W. Lafayette Ave St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Chance Herbert

(a) Residence: No. 1817 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE OF Chester Arthur Herbert

DATE OF BIRTH (month, day, year) Oct. 3, 1881

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	52	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) April 1931

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) Queen Anne
(State or country) Queen Anne County

13. NAME Isabel Chance

14. BIRTHPLACE (city or town) Talbot County
(State or country)

15. MAIDEN NAME Sarah E. Willoughby

16. BIRTHPLACE (city or town) Queen Anne County
(State or country)

INFORMANT Mr. Chester A. Herbert
(Address) 1817 W. Lafayette Ave.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 10 1933

UNDERTAKER Howard A. Bullard
(Address) 713 Lemmon St.

FILED Huntington Offutt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to July 7 1933

I last saw h[er] alive on July 7 1933 Death is said to have occurred on the date stated above, at 6.55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus with metastases to retro peritoneal glands	1932

Other contributory causes of importance:

Myocarditis	May, 1933

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert F. Kellman M. D.

(Address) 6 East Lexington St

M. D. B. 1268-8

91898

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91898

CERTIFICATE OF DEATH

Registered No. 82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Thomas

(a) Residence: No. 3120 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Thomas

DATE OF BIRTH (month, day, year) Sept 21 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Friends

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Pantry wood Date July 11, 1933

UNDERTAKER John C. Tilley & Sons

(Address) 1730 E. Lexington St.

FILED JUL 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 8, 1933

I last saw him alive on July 8, 1933 Death is said to have occurred on the date stated above, at 12 20p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1 wk
Other contributory causes of importance:	

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Rheagold M. D.

(Address) Balt. City Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91899

93-004

899

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella J. Griffith

(a) Residence: No. 1423 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Solas Griffith

7. DATE OF BIRTH (month, day, year) Dec8/1871

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	10	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 037

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

13. NAME Edwin Warfield

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. JosephineHines

(Address) Fallston, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Union Church Date July 12 33

19. UNDERTAKER Harry Liggett & Sons

(Address) Baltimore, Md

20. FILED July 10 33 Hampton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably myocardial Insufficiency	

Other contributory causes of importance:

Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Hanna M. D.

Coroner

(Address) 506 E Monument

D. B. 1268-9

E 91900

M E 91900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 209

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John W. Thiess.

(a) Residence: No. 420 E. 31st. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of Matilda Thiess.

6. DATE OF BIRTH (month, day, year) September 29, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Balto City Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Christian Thiess.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME OF MOTHER Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Matilda Thiess. (wife)
(Address) Fayette & Rose Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 10, 1933

19. UNDERTAKER Chas. E. Miller & Son
(Address) 2231 Jefferson St.

D 1933 Date Received ... Registered ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

Probable Fracture of the skull. Struck and knocked down by street car. Accidental Death

Date of Onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquest Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 4, 1933

Where did injury occur? on street
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Frederick Ave. Public street

Manner of injury Struck by street car while crossing street

Nature of injury Probable fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

7/8/33 (Address) 1017 E. Charles St.

H. D. B. 1268-9 E 91901

HEALTH DEPARTMENT—CITY OF BALTIMORE E 91901

CERTIFICATE OF DEATH

V/31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Augusta St. 5-01 Ward)

(Usual) of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Wells

(a) Residence: No. 207 Augusta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	W

If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Wells

DATE OF BIRTH (month, day, year) ? 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	?		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. W. Stevens

(Address) 207 Augusta St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/12/ 1933

UNDERTAKER Mr. George H. Kellam

(Address) 2630 Pennsylvania Ave

FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3 1933 to July 7 1933

I last saw h.. alive on July 6. 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis - Myocarditis	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. E. Allen M. D.

(Address) 207 Augusta St

Spec.—9-30—A. & Co.—250 Blks.

E 91902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Hudson ST. 26-01 WARD)

REGISTERED NO. 130 E 91902

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha A Mack

(a) RESIDENCE NO. 3315 Hudson ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Jany 19th 1910

AGE: Years 23 Months 6 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0'0

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Gustave Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Annie Stromer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mother Annie Mack

(Address) 3315 Hudson St

[illegible] 10 1933 [illegible] Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8th 1933

17

I HEREBY CERTIFY, That I attended deceased from May 5th 1933, to July 8th 1933

that I last saw h[illegible] alive on July 8th 1933

and that death occurred, on the date stated above, at 7 Lo P. m.

The CAUSE OF DEATH* was as follows:

Cardio Respiratory Paralysis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Nephritis & Uremic

poisoning (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. V. Clift M. D.

7-8 1933 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: July 11 1933

UNDERTAKER: Lilly & Zeiler Inc

ADDRESS: 4033 S. Wash Ave

M. D. B. 1268-9

91903 E 91903

HEALTH DEPARTMENT—CITY OF BALTIMORE

91903

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Parkhurst St. 27-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Koller

(a) Residence: No. 5712 Parkhurst St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Koller

DATE OF BIRTH (month, day, year) June 11 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home 0.37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Shrewsbury Pa

13. NAME Nathan Shaffer

14. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

15. MAIDEN NAME Sallie Seabrist

16. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

INFORMANT Mae Esslinger

(Address) 5712 Parkhurst St.

BURIAL, CREMATION, OR REMOVAL Shrewsbury Pa Date July 11 1933

UNDERTAKER Edwin G. Black

(Address) 742 W. Fayette Ave

FILED 19 Register of Wills

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 8 1933

I last saw her alive on July 8 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast.

Date of onset

Other contributory causes of importance:

Name of operation none. Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard L Esslinger M. D.

(Address) 1514 E. Baltimore St

D. B. 1268-9

1904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 1904

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Brighton St., 16-61 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 90 yrs. 7 mos. 19 ds.

2. FULL NAME Margaretta A. Kraus

(a) Residence: No. 2913 Brighton St., 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced (or) WIFE of G. A. Kraus

6. DATE OF BIRTH (month, day, year) Nov. 20 1841

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	7	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

9. Date deceased last worked at this occupation (month and year) Dec. 1927

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Hanover Germany

12. NAME John Stover

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Magdelin Sherman

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Clarence F. Bohanan

(Address) 2913 Brighton St. Balt. Md

17. BURIAL, CREMATION, OR REMOVAL Loudon Park

Place St. Thomas, Balt. Co. Md. Date July 11 1933

18. UNDERTAKER Jacob Wirth & Sons

(Address) Manchester, Md.

FILED JUL 10 1933 19 Hunting on Frederick, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933 to July 9 1933

I last saw her alive on July 8 1933 Death is said to have occurred on the date stated above, at ... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	✓
Dilatation of Heart	✓
Other contributory causes of importance:	
Chronic Interstitial Nephritis	✓

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Edwin S. Lindsay M. D.

(Address) 1219 Park Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91905

CERTIFICATE OF DEATH

E 91905

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH — Pronounced dead at Hopkins Hospital St. 9-01 Ward)

ITY OF BALTIMORE: (No.

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Louis Couturier

(a) Residence: No. 916 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Marie J. Couturier

6. DATE OF BIRTH (month, day, year) — Nov 10/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Subcontractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — (Consolidated Enginering Co)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 016

12. BIRTHPLACE (city or town) (State or country) — France

13. NAME — Louis Couturier

14. BIRTHPLACE (city or town) (State or country) — France

15. MAIDEN NAME — Marie Tessier

16. BIRTHPLACE (city or town) (State or country) — France

17. INFORMANT (Address) — Mrs. Marie J. Couturier, 916 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL — Place Parkwood Cemetery Date July 10, 1933

19. UNDERTAKER (Address) — Henry Breck Sons 1301 E Eager St Baltimore, Md

FILED JUL 10 1933 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — July 7/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9.10 P.M.

The principal cause of death and related causes of importance were as follows:

Drowned. Fell into harbor at Aliceanna & Falls Sts from stone wall. - about 9 P.M.

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Probably accidental

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Haller M. D. Coroner

(Address) 5086 York Rd

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91906 E 91906

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Hopkins Hospital St. 10-61 10 Ward)

rth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Norman Clayton

(a) Residence: No. 829 McKim St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Mar 28/33 ~~Mar 1/1930~~

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	3	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto., Md.

9. NAME Johnson Clayton

9. BIRTHPLACE (city or town) (State or country) Md

9. MAIDEN NAME Bessie Cummings

9. BIRTHPLACE (city or town) (State or country) Md

FORMANT Bessie Clayton
(Address) 829 McKim St

URIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 10th 1933

NDERTAKER Fort Mfg Co
(Address) Fallsway & Eldridge

VL 101933 Interment in Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 8/33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

Diphtheria — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Cultures made-not yet reported Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Mace Coroner, M. D.

(Address) 508 E Mad

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91907

CERTIFICATE OF DEATH

91907

Registered No. 167

. PLACE OF DEATH

TY OF BALTIMORE: (No. Mercy Hospital. St., 11-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 28 yrs. ---mo---dy. How long in U. S. If of foreign birth 28 yrs. ---mo---dy.

FULL NAME Reuben Friedman.

(a) Residence: No. 104 E. Centre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, XXXXXXXXXX
HUSBAND of XXXXXXX Sarah Friedman.

ATE OF BIRTH (month, day, year) Do not know.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	----------		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jailor. 080

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Poland.

10. NAME Solomon Friedman.

11. BIRTHPLACE (city or town) (State or country) Poland.

12. MAIDEN NAME Fannie ---------

13. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT (Address) Sarah Friedman.(wife) 104 E. Centre St.

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cem. Date 7/10/33 19

UNDERTAKER (Address) Jacob Lewis Inc. 432 E. Baltimore St. Huntington Williams

FILED 7/10/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound of the head
Suicide.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/9/33 19

Where did injury occur? 104 E. Centre St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pistol shot wound.

Nature of injury Suicide.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto Reinhardt Coroner . M. D.

7/10/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

91908

HEALTH DEPARTMENT—CITY OF BALTIMORE

91908

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH East Baltimore Gen'l Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1346 Aisquith St.) (Ward) 14-C

Length of residence in city or town where death occurred 42 yrs. 4 mos. 20 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Landwehr

(a) Residence: No. 1346 Aisquith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. Lottie Landwehr

DATE OF BIRTH (month, day, year): Feb. 18-1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Const

10. Date deceased last worked at this occupation (month and year): 7-15-33

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Balto - Md

13. NAME: Charles Landwehr

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ? Germany

INFORMANT: East Balto Gen'l Hosp

(Address)

BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date July 11, 1933

UNDERTAKER: A. Howard Evans

(Address): 32 E. Fort Ave

FILED: 10 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 33

22. I HEREBY CERTIFY, That I attended deceased from 7-3-33, 19 .. to 7-8-33, 19 .. that I saw ... alive on 7-8-33 19 .. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	7-1-33
Peritonitis -	
Other contributory causes of importance: Pulmonary Embolism	7-8-33

Name of operation: Appendicitis Date of: 7-3-33

What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) John K. Lynn, M. D.

(Address) W. B. G. H.

M. D. B. 1268-9

91909

HEALTH DEPARTMENT—CITY OF BALTIMORE

91909

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2695 1/2 Wilkens Ave St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrol Wooley

(a) Residence: No. 2695 1/2 Wilkens Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 28, 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William E Wooley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Ida Hollins

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT William E. Wooley
(Address) 2695 1/2 Wilkens Ave

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 11, 1933

UNDERTAKER C. Howard Evans
(Address) 35 E. Fort Ave

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933 to July 9, 1933

I last saw him alive on July 9, 1933 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart (Indefinite)	
Other contributory causes of importance: Exhaustion	7/8/33

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Campbell M. D.

7/10/33 (Address) 1644 Hanover St

M. D. B. 1268-B

91910

HEALTH DEPARTMENT—CITY OF BALTIMORE

23E 91910

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (To) 17. 9l

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Stevenson

(a) Residence: No. 513 Rieger Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) May 7, 1911

8. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	22	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Stevenson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Victoria Wright

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 10 1933

UNDERTAKER .....
(Address)

FILED ..... 19 ..... Registrar.

01933 062?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from February 2 1933 to July 5 1933.
I last saw him alive on July 5 1933. Death is said to have occurred on the date stated above, at 10.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91911 E 91911

CERTIFICATE OF DEATH

1933

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 Falls Rd 13-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel E. Godwin

(a) Residence: No. 3724 Falls Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lilian Godwin

DATE OF BIRTH (month, day, year) Aug 30 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	10	08	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME James E. Godwin

14. BIRTHPLACE (city or town) (State or country) New Orleans.

15. MAIDEN NAME Simpson.

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Robert Godwin

(Address) 3724 Falls Rd

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 11. 1933

UNDERTAKER Thomas Dolan

(Address) 1925 Eutaw Pl

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocution coming in contact with live wire while taking a bath at home accidental	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) 3632 Eutaw Ave Coroner

M. D. B. 1268-9

E 91912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91912

Registered No. 27-01 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4338 Falls Road St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche Pascoe

(a) Residence: No. 4338 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John C. Pascoe

DATE OF BIRTH (month, day, year) Feb 5, 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Wm. H. Lewis.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Sarah Crose

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT John Shay.

(Address) 4007 Falls Road

BURIAL, CREMATION, OR REMOVAL

of St. Marys Hampden Date July 11 1933

UNDERTAKER Chenoweth & Son.

(Address) 3615-17 Chestnut Ave.

FILED ..... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 33

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to July 8, 33

I last saw h[er] alive on July 8, 1933. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia & Streptolysis	10 da
Other contributory causes of importance: Adenocarcinoma - Chron duct repeated Cerebral hemorrhage	

Name of operation None Date of ---

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ..... 19.....

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) Vernon J. Kelly M. D.

(Address) 608 Somerset Road

M. D. B 1268-0

91913 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1272 91913

1. PLACE OF DEATH St. Agnes Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., ... Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 73 yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John Schmid

(a) Residence: No. 2738 Frederick ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	~~Married~~ Widower

6. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Louisa Schmid

DATE OF BIRTH (month, day, year) ~~July~~ 9-MAY 13-1860

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John J. Schmid

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John Schmid Jr.

(Address) 2738 Frederick ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 11 1933

UNDERTAKER T. B. Hilpert & Son

(Address) Bon Salem Blvd

..... 19..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933 to July 9, 1933

I last saw him alive on July 9, 1933 Death is said to have occurred on the date stated above, at 3 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventral Hernia	

Other contributory causes of importance:

Lobar Pneumonia	7/6/33

Name of operation Hemiplasty Date of 6/30/33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Donahue M. D.

(Address) St. Agnes Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91914

CERTIFICATE OF DEATH

E 91914

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Rose Smith

(a) Residence: No. 2129 Wilkens Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

~~SEX~~	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Louis R Smith

DATE OF BIRTH (month, day, year) Aug 26, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Germany

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jo Lahm Gawdel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records (Address) Baltimore City Hosp

BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date July 11 1933

UNDERTAKER T. B. Hickey & Son (Address) 1300 Eutaw Place

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to July 8 1933

I last saw her alive on July 8 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Hypertension	?
Rupture of Aorta & pericardial Hemorrhage	7-8-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pharmer M. D.

(Address) Balto City Hosp.

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91915 E 91915

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore County, Maryland

ITY OF BALTIMORE: (No. Church Home + Infirmary St. ..... Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. John Fochtkolb

(a) Residence: No. Mace Ave. Stemmers Run St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Baltimore Co

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna E. nee (Emrich)

DATE OF BIRTH (month, day, year) Aug. 14 - 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Andrew Fochtkolb

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Betz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Anna E. Fochtkolb

(Address) Stemmers Run

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 10, 1933

UNDERTAKER John F. Cosnelly

(Address) Essex Mkt. Ln

Filed 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 8 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 6 - 29 , 1933, to 7 - 8 , 1933

I last saw h ... alive on 7 - 8 , 1933. Death is said to have occurred on the date stated above, at 7.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	4-15-33

Other contributory causes of importance:

General Cardio-vascular failure

Name of operation Partial gastrectomy - Jejunostomy Date of 7-5-33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leigh H. Dodd M. D.

(Address) Church Home and Inf

D. B. 1268-9

91916 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91916

CERTIFICATE OF DEATH

57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Cottman Ave 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry B. Nuth

(a) Residence: No. 4215 Cottman Ave (Usual place of abode) Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret A. Nuth

6. DATE OF BIRTH (month, day, year) Dec 14/1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 06

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph Nuth

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Roesner

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT (Address) Margaret A. Nuth 4215 Cottman Ave

BURIAL, CREMATION, OR REMOVAL [illegible] Date 7-11 ..., 19..

UNDERTAKER [illegible] (Address) 201 [illegible]

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset ??

Other contributory causes of importance:

History of Rheumatism — About 1 yr

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.

(Address) 508 E Fayette St Coroner

D 1933

M. D. B. 1268-0

91917 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91917

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital. 159 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Hansen
Sugar Grove Va

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/8/33

7. AGE: Years: 0 min | Months: 1933 | Days: July | 8 | If LESS than 1 day, ... hrs. or 3 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME ~~Baby Girl Hansen~~ Baby Girl Hansen

14. BIRTHPLACE (city or town) ~~Baltimore~~ Sugar Grove Va
(State or country) ~~Maryland~~ Va

15. MAIDEN NAME Carrie Cook

16. BIRTHPLACE (city or town) Grayson Va
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date July 10 1933

19. UNDERTAKER .....
(Address)

19..... Registrar.

T933 0623

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/1933

22. I HEREBY CERTIFY, That I attended deceased from 7/8/1933 to 7/8/1933
I last saw her alive on 7/8/1933 Death is said to have occurred on the date stated above, at 4-08 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Franklin Square Hosp
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J E Moore M. D.
(Address) Franklin Sq Hosp

M. D. B. 1268-9

91918

HEALTH DEPARTMENT—CITY OF BALTIMORE

91918

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp 2-01 St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Tyrrell

(a) Residence: No. 201 E 20½ St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of ~~WIFE of~~ Whale Tyrrell

7. DATE OF BIRTH (month, day, year): Feb 2, 1883 ?

8. AGE: Years 50 | Months 5 | Days 5 | If LESS than 1 day, hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Augustus Whalen

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Callie Gross

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Friends

(Address): Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date 7/11/33 19...

UNDERTAKER: Samuel T. Hemsley

(Address): 98 N. Pennsylvania Ave.

FILED 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933 to July 7, 1933

I last saw her alive on July 7, 1933 Death is said to have occurred on the date stated above, at 3.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Uremia	?
Diabetes Mellitus	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Thagard, M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

91919

HEALTH DEPARTMENT—CITY OF BALTIMORE

91919

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Fountain St. St. 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Rybicki

(a) Residence: No. 2002 Fountain Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cecilia Rybicki

7. DATE OF BIRTH (month, day, year) Aug 5, 1894

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Box Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Martin Rybicki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Piotrowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Cecilia Rybicki

(Address) 2002 Fountain Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date ... 19

19. UNDERTAKER John M. Weber

(Address) 1501 E. Lexington St

20. [illegible] Washington Williams, M. D.

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19th, 1933, to June 8, 1933

I last saw him alive on June 8, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	unknown

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Symptoms and Physical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Samuel Silverstein, M. D.

(Address) 27 S. Broadway

M. D. B. 1268-9

91920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91920

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 42-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas McGrath

(a) Residence: No. 327 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

6a. If married, widowed, or divorced
HUSBAND of (~~or WIFE~~) Margaret Bracken

7. DATE OF BIRTH (month, day, year) April 3, 1860

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 35 Yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 11, 1933

19. UNDERTAKER Mary M Wedefeld & Co.
(Address) 50 E. 22 St.

20. FILED JUL 10 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1933 to 7-8, 1933

I last saw him alive on 7-8, 1933 Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C. V. Disease	?
Lobular Pneumonia	11 days
Other contributory causes of importance:	
A Cystitis	2-3 yrs.

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

91921

E 91921

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. 41st St., 9-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Bond

(a) Residence: No. 613 E. 41st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie G. Schutze

6. DATE OF BIRTH (month, day, year): Nov. 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: job

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Josiah Bond

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Maryland

15. MAIDEN NAME: Caroline Wells

16. BIRTHPLACE (city or town) (State or country): Balto. Co. Maryland

17. INFORMANT (Address): Mrs. Nellie S. Bond, 613 E. 41st Street

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 7/12, 1933

19. UNDERTAKER (Address): Henry U. Means & Son, 845 N. Calvert Street

Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933, to July 8, 1933.

I last saw him alive on July 8, 1933. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension (About)	1928
Arteric Sclerosis	1928
Other contributory causes of importance: Cerebral Hemorrhage	7/8/1933

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Franken, M. D.

(Address) 5522 Greenmount Avenue

. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91922

CERTIFICATE OF DEATH

F 91922

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Pronounced dead at Mercy Hospital. St., 12-01 Ward)

ngth of residence in city or town where death occurred 14 yrs. ---mos.---ds. How long in U. S. If of foreign birth 14 yrs---mos---ds.

2. FULL NAME Eva M. Welch.

(a) Residence: No. 312 W. 31st St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) February 28, 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework. oo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England.

13. NAME Morris Welch.

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Rose ----------

16. BIRTHPLACE (city or town) (State or country) England.

INFORMANT Ethel Murton.

(Address) 312 W. 31st. St.

BURIAL, CREMATION, OR REMOVAL

Date July 12, 1933

UNDERTAKER

(Address) 3615-A Edmondson Ave

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning.	
Suicide.	

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/8/33 19...

Where did injury occur? 312 W. 31st. St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Illuminating gas poisoning.

Nature of injury Suicide.

24. Was disease or injury in any way related to occupation of deceased? No. If so specify

(Signed) Otto M Reinhardt M. D. Coroner

7/10/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91923

E 91923

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 E Monument St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Henry Crowley

(a) Residence: No. 2015 E Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Crowley

6. DATE OF BIRTH (month, day, year) Jan 27 - 1872

7. AGE — Years 61 — Months 5 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods & Notions

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 47 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Philip H Crowley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Harrigan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Crowley

(Address) 2015 E Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem Date July 11th 1933

19. UNDERTAKER Leo G. Woods

(Address) 1723 N. Patterson Park Ave

20. 1933 [illegible] Taylor Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16 1933 to July 8 1933

I last saw h[illegible] alive on July 7 1933 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Carcinoma, Lung	1 yr
Other contributory causes of importance: Pulmonary oedema & Anasarca	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward L. Cook M. D.

(Address) 413 N Washington Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91924 E 91924

91924

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 35 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., N-01 Ward)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 21 yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Strauss Sturmer

(a) Residence: No. 4917 Taylor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Herman Strauss

DATE OF BIRTH (month, day, year): March 21 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36.	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME of Father: Detrik Sturmer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of Mother: [illegible]

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Patient

(Address)

BURIAL, CREMATION, OR REMOVAL: Place Mt Carmel Cem. Date July 12th 1933

UNDERTAKER: Leo G. Loose

(Address) 1723 Pratt St. Hunterstown Pa. Hanover, Penna.

07933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7 1933 to July 9 1933

I last saw her alive on July 9 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Obstruction Intestinal, Chronic — Date of onset 4/6/33

Other contributory causes of importance:

Dehydration — ?
Anemia — ?
Malignancy — ?

Name of operation: Hysterectomy Date of 5/1/33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bruce Lockard, M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-0

91925

HEALTH DEPARTMENT—CITY OF BALTIMORE

91925

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 S. East Ave St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Grieb

(a) Residence: No. 202 S East Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~): Bessie Grieb

6. DATE OF BIRTH (month, day, year): June 29-1868

7. AGE: Years 64 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Old Bay Line

10. Date deceased last worked at this occupation (month, day, year): 6-28-33

11. Total time (years) spent in this occupation: 35 yrs 0 mos

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Fred Grieb

(Address) 202 S East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Cem Date 7/11/33 19

19. UNDERTAKER: Geo. H. Ruth Son

(Address) 1425 Eutaw Pl

Huntington Williams, M.D.

Registrar

FILED 7 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933 to July 9, 1933

I last saw h alive on July 6, 1933 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Cerebral Hemorrhage	1 yr
	5 days
Other contributory causes of importance:	
Cerebral Hemorrhage	10 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wood M. D.

(Address) 413 N. Howard St

M. D. B. 1268-9

91926

HEALTH DEPARTMENT—CITY OF BALTIMORE

91926

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 Mandlin Ave. West St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Christian Myers

(a) Residence: No. 2821 Mandlin ave Washington Co. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary L. Myers

DATE OF BIRTH (month, day, year) Nov 5 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Mixer - Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways Co.

10. Date deceased last worked at this occupation (month and year) Aug 1931

11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) Maryland Carroll Co.

13. NAME Henry Myers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Myers

(Address) 2821 Mandlin ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/11, 1933

19. UNDERTAKER H. T. Brooks & Son

(Address) Baltimore & Holland sts

20. FILED 7 11 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to July 9, 1933

I last saw h[illegible] alive on July 8, 1933 Death is said to have occurred on the date stated above, at 1-20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	June 1
Other contributory causes of importance:	
Myocardial degeneration	June 33

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Geo. M. Kiefer M. D.

(Address) 2470 Druid Hill Blvd

M. D. B. 1268-9

1927 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91927

CERTIFICATE OF DEATH

V 159

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital (12-01 St., 12 Ward)

CITY OF BALTIMORE: (No.....St., ...Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? — yrs. — mos. 1 ds.

2. FULL NAME Joan Elizabeth Everett

(a) Residence: No. Havre de Grace, Md. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 9, 1933

7. AGE — Years | — Months | ~~Days~~ | If LESS than 1 day 23 hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Maryland.

13. NAME Robert D. Everett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth L. Cullen

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Katharine C. Hughes

(Address) Washington, D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 7/11/33 19

19. UNDERTAKER Pennington & Son

(Address) Havre-de-Grace, Md.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 19.. to July 10 1933

I last saw her alive on July 10 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7/9/33

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

H. D. B. 1268-9

91928 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91928

CERTIFICATE OF DEATH 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Curly Street St., 6-01 Ward)

Length of residence in city or town where death occurred 30 Years yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Giuseppe Girlando

(a) Residence: No. 410 N Curly Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Nunziata Di Stefano

DATE OF BIRTH (month, day, year): Jan 11, 1853.

AGE Years	Months	Days	If LESS than 1 day Hours or Minutes
80	5	30 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Nunzio Girlando

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Nunziata (Unknown)

16. BIRTHPLACE (city or town) (State or country): Italy

INFORMANT: Frank Del Noce

(Address): 52 Morley Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: July 13, 1933

UNDERTAKER: Geo. Ruth Inc.

(Address): 1735 Harford Ave.

FILED: 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1929 to July 10 1933

I last saw h[illegible] alive on July 9, 10 1933. Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1929
Arteriosclerosis	1929
Chronic Bronchitis	1928
Chronic Nephritis	1931
Other contributory causes of importance:	
Cardiac Dilatation	7-10-33

Name of operation none Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence A. Sena M. D.

(Address) 1009 Annapolis Blvd.

M. D. B. 1268-9

Mc Innis E 91929

HEALTH DEPARTMENT—CITY OF BALTIMORE

91929

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2312 ~~2312~~ Edgemont Ave St. 13-01 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 73 yrs. ..... mos. ..... ds.

2. FULL NAME Meta Mc Innis

(a) Residence: No. 2312 Edgemont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Frederick Mc Innis

7. DATE OF BIRTH (month, day, year) March 30. 1849

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Christian Hermann Bressels

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Maude Mc Innis

(Address) 2312 Edgemont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date July 12 1933

19. UNDERTAKER H. M. Lichtenberg Sons

(Address) Light & Lee

20. FILED 11 1933 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19th 1933 to July 10th 1933

I last saw her alive on July 9th 1933. Death is said to have occurred on the date stated above, at 7.0 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	7/7/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ebert G. Reitz M. D.

(Address) 2245 Reisterstown Rd

M. D. B. 1268-9

E 91930

HEALTH DEPARTMENT—CITY OF BALTIMORE

91930

CERTIFICATE OF DEATH

161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 21-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. 2 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Girl Harris

(a) Residence: No. 1134 Ridgely St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 8, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Clyde L. Harris

14. BIRTHPLACE (city or town) (State or country) Waverly, N.Y.

MOTHER

15. MAIDEN NAME Eliz. Thomson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Clyde L. Harris
(Address) 1134 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 11, 1933

19. UNDERTAKER Wm. J. Tschiegg & Sons
(Address) Balto. Md.

20. FILED July 11 1933 Thomas J. Williams, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to July 10, 1933

I last saw h[illegible] alive on July 10, 1933 Death is said to have occurred on the date stated above, at 8.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Savage M. D.

(Address) Univ. Hosp.

M. D. B 1268-0

91931

HEALTH DEPARTMENT—CITY OF BALTIMORE

91931

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Maryland St. 12-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Earnest Park

(a) Residence: No. 2416 Maryland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of Laura Park

6. DATE OF BIRTH (month, day, year) April 1-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumberman

10. Date deceased last worked at this occupation (month, day, year) 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Sherman N. Y.

13. NAME Frank Park

14. BIRTHPLACE (city or town) (State or country) Sherman N. Y.

15. MAIDEN NAME Mary Lyon

16. BIRTHPLACE (city or town) (State or country) Sherman N. Y.

INFORMANT Mrs Donald Park

(Address) Cockeysville Md

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 17 1933

UNDERTAKER Mr Tickner & Sons

(Address) North Ave

Huntington Methodist Church

FILED

JUL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 9, 1933. I last saw him alive on July 9, 1933. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1930

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Llewellyn M Dykes M. D.

(Address) 321 St — Charles St.

M. D. B. 1268-9

E 91932

91932 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Bateman Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 43 mos. da. How long in U. S. If of foreign birth? 43 yrs. mos. da.

2. FULL NAME Rebecca Snyderman

(a) Residence: No. 4105 Bateman ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Snyderman

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Michael Solovitz-Son in law

(Address) 4105 Bateman Ave

BURIAL, CREMATION, OR REMOVAL

Place Wash Rd Cemetery Date 7-11-33 19

UNDERTAKER Isaac Levin Jr

ADDRESS 1439 E. Baltimore St

FILED 7-11-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4 1933 to July 11 1933

I last saw her alive on July 11 1933 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	5 years
Diabetes	5 years
Other contributory causes of importance:	
Myocarditis	3 mos

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. Frederick Lash M. D.

(Address) Temple Gardens

AaCo. 5-31 2500B

HEALTH DEPARTMENT—CITY OF BALTIMORE

1933 37 E 91933 1896

91933

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 54 S. Morley St (Ward) 70-01

Length of residence in city or town where death occurred 16 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Loyd L. Lague

(a) Residence: No. 54 S. Morley St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hilda E. Lague

DATE OF BIRTH (month day year) Jan 23-1895

AGE	Years	Months	Days	If LESS than 1 day hrs or min
38		5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Morgan City Louisiana

12. NAME Henry N. Lague

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Laura Dupont

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hilda E. Lague

(Address) 54 S. Morley St

BURIAL, CREMATION, OR REMOVAL Place London Pk Date July 17 1933

UNDERTAKER Robt C. & B.M. Walters

(Address) 3320 Edmondson Ave

FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1933 to July 9 1933

I last saw him alive on July 9 1933 death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	Jan 21 1931
Other contributory causes of importance: Hemorrhage from Lung	July 6 1933

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elick Wolmon, M. D.

(Address) 343 Frederick Ave

M. D. B. 1268-0

E 91934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91934

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Sinai Hospital St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles F. Phillips

(a) Residence: No. 2202 Eutaw Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Mr. Charles F. Phillips

6. DATE OF BIRTH (month, day, year) Sept 1, 1884

7. AGE 48 Years	Months 10	Days 7	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Charles F. Phillips

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Annie R. Sanders

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date July 11, 33

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore ST. & Broadway.

FILED JUL 11 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 8, 1933

I last saw h.m alive on July 8, 1933. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	7-1-33

Other contributory causes of importance:

Peritonitis diffuse	7-4-33
Bronchopneumonia	7-7-33

Name of operation Appendectomy Date of 7-1-33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Boller M. D.

(Address) Md. Gen. Hospital

...—12-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

√E 91935

91935

CERTIFICATE OF DEATH.

95-001
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1174 Cleveland St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John O. MacNeil

(a) RESIDENCE NO. 1174 Cleveland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Anna Mc Neal

DATE OF BIRTH (month, day, and year) July 27th 1856

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	76	11	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone mason

(b) General nature of industry, business, or establishment in which employed (or employer) 075

(c) Name of employer

BIRTHPLACE (city or town) Maryland

(State or country)

10 NAME OF FATHER Joseph A Mc Neal

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Rachel Burns

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

Informant Mrs William A Mc Neal

(Address) 1174 Cleveland St

FILED 11 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 19 33

17 I HEREBY CERTIFY, That I attended deceased from July 1 1933, to July 9, 1933,

that I last saw him alive on July 8, 1933,

and that death occurred, on the date stated above, at 9 00 A.m.

The CAUSE OF DEATH* was as follows:

* Decompensation of Heart

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) 4 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry L Kates M. D.

, 19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Date of Burial 9/12 1933

20 UNDERTAKER John J Cowan & Son ADDRESS 901 Hollins St

F 91936

1 PLACE OF DEATH
ty Balto 91936

STATE OF MARYLAND
CERTIFICATE OF DEATH

(Registration Dist. No.) 16-001

e or City Baltimore City (No.) 3217 Baker St. Ward 16-01 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lena Mary Rock 40 yrs in city

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ...ale

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Dec. 11 (Month) - 1856 (Year)

7 AGE: 76 yrs. 7 mos. 28 ds. (If LESS than 1 day, hrs. OR min.?)

8 OCCUPATION (a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

I CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward F. Rock

(Address) 3217 Baker St.

Filed JUL 1 1933 1933 Lillington W. Williams M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 9 (Month) (Day), 1933 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 1920 to July 9 1933

that I last saw her alive on July 9 1933

and that death occurred on the date stated above, at 1030 A m.

The CAUSE OF DEATH * was as follows:

Chronic valvular heart dis'.

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) Ernest H Baker M. D.

(Address) 300 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loraine Cem. DATE OF BURIAL: July 11, 1933

UNDERTAKER: John G. Connelly ADDRESS: Emp

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

Spec.—8-16-29—I. F. S.—100 Bks.

E 91937

E ~~91930~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91937 ✓

95-001 E ~~9193~~

CERTIFICATE OF DEATH

REGISTERED NO. 18-01

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 W. Lexington ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Geo Tony

(a) RESIDENCE NO. 1113 W Lexington ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col'd	Wid

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unk.

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
75			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer St Mary's C

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Geo Tony

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Clarence Tony

(Address) 1113 Lexington St

Filed ... 19... Registrar

T 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9/33

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 9, 1933, that I last saw h... alive on July 8, 1933, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Organic Dis. Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (secondary) Arterio-Sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Norwood, M. D.

July 10 19 33 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery — DATE OF BURIAL July 12, 1933

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 N. Schroeder St.

M. D. H. 1268-9

91938

HEALTH DEPARTMENT—CITY OF BALTIMORE

91938

CERTIFICATE OF DEATH

161-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 W. Lexington St. 18-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Laboard

(a) Residence: No. 853 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 8-33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Laura Goodwin

14. BIRTHPLACE (city or town) (State or country) U. S.

15. MAIDEN NAME Marie Laboard

16. BIRTHPLACE (city or town) (State or country) D. C.

INFORMANT Mary Laboard
(Address) 852 W. Lexington

BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date July 11, 1933

UNDERTAKER Mrs Kate R. W. Williams
(Address) 1212 E. Lexington St

FILED JUL 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage - Brain
Intracranial Hemorrhage.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Zeller, M. D.
Coroner
(Address) 239 Eastern Ave

M. D. F. 1268-9

E 91939 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91939

CERTIFICATE OF DEATH

135

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 9-1-01 Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Hargadon

(a) Residence: No. 1143 Cleveland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Bryan Hargadon

6. DATE OF BIRTH (month, day, year) Aug 13, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ob o

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME German Born

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Miller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Bryan Hargadon

(Address) 1143 Cleveland

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 7/12/33

UNDERTAKER F Vernon Keefauver

(Address) 1532 Hollins Ave

FILED ..... 19..... Huntingdon & Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 , 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28. , 1933 to July 9 , 1933

I last saw ~~him~~ her alive on July 9 , 1933 Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recto Vesical fistula	
2 peritonitis	
Other contributory causes of importance:	
Cardiac failure	

Name of operation Suction & drainage Date of 5/30/33
injected Female semen

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. Govaloe, M. D.

(Address) St Agnes Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

Harris ✓

E 91940

CERTIFICATE OF DEATH

53 E 91940

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 E. Hoffman St. 8-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME John Edw. Harris

(a) Residence: No. 2014 E. Hoffman St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Harris

DATE OF BIRTH (month, day, year) Dec. 21, 1900

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber's helper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Lancaster (State or country) Pa.

13. NAME Samuel Harris

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Mrs. Louise Harris

(Address) 2014 E. Hoffman St.

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date July 13 19 33

UNDERTAKER Henry Breck & Sons Inc.

(Address) 130 E. Lanvale St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 19 33

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27 19 33 to July 10 19 33

I last saw him alive on July 10 19 33 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of the brain. (Metastatic)	Jan. '33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Milhinson, M. D.

(Address) A. L. Milhinson 2d.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91941

CERTIFICATE OF DEATH

93-03 E 91941

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Gwynns Falls Pkwy. 15-01 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Metzger

(a) Residence: No. 3402 Gwynns Falls Pkwy. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac Metzger

7. DATE OF BIRTH (month, day, year) April 11, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Stern

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. I. Metzger
(Address) 3402 Gwynns Falls Pkwy.

BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date July 11, 1933

UNDERTAKER Sherid Sondheim & Son
(Address) 1902 Eutaw Place

FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28 1933 to July 9 1933

I last saw her alive on May 28 1933 Death is said to have occurred on the date stated above, at ... P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	1933
Arteriosclerosis	1927
Chronic Myocarditis	1929
Myocardial Insufficiency	1931

Other contributory causes of importance:

Gall stone Colic	1933

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene Hespod, M. D.

(Address) 200 W. Lafayette Ave

M. D. B. 1268-9

E 91942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91942

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital St., 25-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vernon Pearl Lewis

(a) Residence: No. 3708, 5th st Brooklyn, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6. DATE OF BIRTH (month, day, year): 7-9-00

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Vernon P. Lewis

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Rose Tamara

16. BIRTHPLACE (city or town) (State or country): Mass.

17. INFORMANT: Rose Lewis

(Address) 3708, 5th st. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place: J. H. Med College Date: July 11, 1933

19. UNDERTAKER

(Address)

20. FILED 1933 Huntington Williams M.D. Registrar. 06:30 P.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1933 to 7-10, 1933

I last saw h... alive on 7-10, 1933 Death is said to have occurred on the date stated above, at 3 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
following a light forceps delivery	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. F. Conway, M. D.

(Address) Vol. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91943

CERTIFICATE OF DEATH

34E 91943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Young.

(a) Residence: No. 911 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Newborn

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Newborn

7. DATE OF BIRTH (month, day, year) 7/10/33 1:35 PM

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hospital Baltimore Md.

13. NAME Forrester Young

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

15. MAIDEN NAME Emily Simms

16. BIRTHPLACE (city or town) (State or country) St Mary's Co. Md.

INFORMANT Mother

(Address) 911 Madison Ave

BURIAL, CREMATION, OR REMOVAL

Place Universal, Md Date July 11 1933

UNDERTAKER [illegible]

(Address)

FILED 7-11-1933 0627 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/10/33 1:35 AM 19 ... to 7/10/33 1:10 PM 19 ...

I last saw him alive on 7/10/33 19 ... Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Clinical Lues - Prolonged Labor.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. W. Donohue M. D.

(Address) University Hospital.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91944

CERTIFICATE OF DEATH

E 91944

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 W. Montgomery St. St., 22-01 75 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Williams.(C)

(a) Residence: No. 203 W. Montgomery St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Do not know.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	-----	-----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Police Report. S.D.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 11 1933

UNDERTAKER [illegible]
(Address)

FILED 7/11 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism.

Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Otto Reinhardt Coroner . M. D.

7/8/33 (Address) 1017 E. Charles St.

M. D. B. 1268-0

91945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91945

CERTIFICATE OF DEATH

122-002

Registered No. 27-61

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St. BALTIMORE, MD. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George C Appel
(a) Residence: No. 3300 Rosehemp Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William W. appel
14. BIRTHPLACE (city or town) (State or country) Baltimore md.
15. MAIDEN NAME Martha Kraft
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT William W. appel
(Address) 3300 Rosehemp ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore cem. Date July 12 1933

19. UNDERTAKER George W. Zickler
(Address) 1737 E Eager St.

20. FILED [illegible] Registrar
1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9 1933 to July 9 1933
I last saw him alive on July 9 1933 Death is said to have occurred on the date stated above, at 10 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception of bowel (ileum)	7-6-33
Intestinal obstruction	7-6-33

Other contributory causes of importance:

Pneumonia

Name of operation Enterostomy Date of 7-8-33
What test confirmed diagnosis? Autopsy Were an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S M Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91946

CERTIFICATE OF DEATH

34E 91946

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 26-21 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Pistel

(a) Residence: No. 3909 Mt Pleasant Ave St., ... Ward. Balto Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward O. Pistel

6. DATE OF BIRTH (month, day, year) Sept 24-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Edw. K. Pistel

(Address) 3909 Mt. Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem Date July 13, 1933

19. UNDERTAKER George W. Zobel

(Address) 1737 E. Eager St

20. FILED Lexington Williamson, M.D.

JUL 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1933 to 7-10, 1933

I last saw her alive on 7-10, 1933 Death is said to have occurred on the date stated above, at 12 M. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. (a) Bronchopneumonia	
(b)	
(c)	
(d)	

Other contributory causes of importance:

(a) Cardiac decompensation, Chronic hypertension
(b) Toxic
(c) Ventral Hernia

Name of operation Repair of Ventral Hernia Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Howard Bayford Clayman M. D.

(Address) Sinai Hospital

M. D. R. 1268-9

91947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91947

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 6-01 Ward)

Length of residence in city or town where death occurred 4 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Higgins

(a) Residence: No. Church Home and Infirmary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 84	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jesse T. Higgins

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Waters

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Mrs C. V. Tidball

(Address) Glendora Md

BURIAL, CREMATION, OR REMOVAL

Place Lindenlark Date July 13 1933

UNDERTAKER Howard M Smythe

(Address) 1828 Madison Ave

FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4 1932 to July 10 1933

I last saw her alive on July 9 1933 Death is said to have occurred on the date stated above, at 1 20 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Cardiac Insufficiency	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? N A

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard H Jordan M. D.

(Address) Church Home and Inf

M. D. B. 1268-9

91948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91948

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ward) 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Samuel Wilson

(a) Residence: No. 2205 Washington Boulevard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Wilson

6. DATE OF BIRTH (month, day, year) Sept 2 | 57

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jos Wilson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Becker L.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 6 1933

19. UNDERTAKER Edw Forsythe

(Address) 2200 Washington Blvd

20. 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1933 to 7/9 1933

I last saw him alive on 7/9 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2
Chronic nephritis	1
Other contributory causes of importance: Bronchopneumonia	9 days

Name of operation Exploratory Laparotomy Date of 7/5/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H Gordon M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

B847745

E 91949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002 E 91949

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lester Murphy

(a) Residence: No. Pizgah (Usual place of abode) Md St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/18/1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Cattura Murphy.

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Mary Lecombe

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Waldorf Md Date 7/12/33

19. UNDERTAKER Joseph ahrens

(Address) 324 Aisquith St

Registrar.

1 1933 # 4899

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8th 1933 to July 10th 1933

I last saw him alive on July 10 1933 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Schilders Disease	4 yrs
(Degenerative disease of unknown Origin)	2 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? 0 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) (Mrs) Mary B. Washington M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91950

CERTIFICATE OF DEATH

92 E° 91950

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lonnie Bunk

(a) Residence: No. Cockeysville, Md St., Ward. (Pedonia Road)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Bunk

6. DATE OF BIRTH (month, day, year): March 17, 1884

7. AGE: Years 49 | Months 3 | Days 2624 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Henry Enders

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth Bensel

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs Mary M. Seidt

(Address): 127 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: St Johns Lutheran Cemetery Date: July 13, 1933

19. UNDERTAKER: Edward W. Coppola

(Address): 924 E. Eager St.

19. 1933 Clinton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1932 to July 11th 1933

I last saw h[illegible] alive on July 11, 1933 Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency (Coronary)	7-4-33
Other contributory causes of importance:	
Mitral stenosis insufficiency	1930
Arteriosclerosis, general	1930?
Hypertension, secondary	1930

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. Allen Deckert M. D.

(Address) Woman's Hospital

M. D. B. 1268-9

91951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91951

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Md. General Hosp. 8-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Elliott

(a) Residence: No. 2512 E. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie C. Elliott

6. DATE OF BIRTH (month, day, year) Oct. 2, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing & Stationery

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila. Pennsylvania

FATHER

13. NAME Ferdinand Elliott

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 14th, 1933

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St.

20. FILED JUL 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-9-, 1933 to 7-11, 1933

I last saw h. alive on 7-11-, 1933 Death is said to have occured on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	11-7-33
Other contributory causes of importance: Peritonitis	11-8-33

Name of operation Appendectomy Date of 11-9-33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease (or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. L. Thomas M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

91952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 91952

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3619 Roland Ave 43-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret L. Crouse

(a) Residence: No. 3619 Roland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Charles F. Crouse

6. DATE OF BIRTH (month, day, year) July 2nd 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Middletown (State or country) Md

MOTHER FATHER

13. NAME Calvin L. Cary

14. BIRTHPLACE (city or town) Lisbon (State or country) N. H.

15. MAIDEN NAME Margaret M. Hamberg

16. BIRTHPLACE (city or town) Knoxtown (State or country) Md

17. INFORMANT Chas F. Crouse

(Address) 3619 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys (Hampden) Date July 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 14 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 1933 to July 10 1933.

I last saw her alive on July 10 1933. Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Urinary bladder + ulcers	about 2 yrs

Other contributory causes of importance:

Toxemia

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Stansbury M. D.

(Address) 714 Park Ave Baltimore Md

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 91953

E 91953

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 12-01 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Helen Patterson.

(a) Residence: No. 400 Tenable Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
H[redacted] of
(or) WIFE of Mr James Patterson

7. DATE OF BIRTH (month, day, year) Sept 28, 1894

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
[redacted]	38	[redacted]9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME S J Posley

14. BIRTHPLACE (city or town) (State or country) Anson Maryland

15. MAIDEN NAME Alice V. Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Husband
(Address) 400 Tenable Ave

BURIAL, CREMATION, OR REMOVAL Date July 12th, 1933

Place Cathedral

UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1933 to July 10 1933

I last saw h[redacted] alive on July 10 1933 Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
arterio-sclerosis
Hypertension

Date of onset Oct. [redacted] 1928

Other contributory causes of importance:

Uremia
Decubitus ulcers (sacrum)

Apx. 1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David H. Andred. M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

91954 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91954

CERTIFICATE OF DEATH

× 82-001

1. PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24-21 and)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise A. Schroeder.

(a) Residence: No. Pasadena, A. A. Co. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married

6a. If married, (or) Wife of Otto C. Schroeder.

7. DATE OF BIRTH (month, day, year) February 22, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Edward Nielschel.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Sophie Fierick.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Otto C. Schroeder. (husband)

(Address) Pasadena, A. A. Co. Md.

BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 13th 1933

UNDERTAKER Wm Cook

(Address) 1217 E. Fayette st

DATE RECEIVED 12 1933 Huntington Williams Registrar. 7/11/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Ellett Reinhardt Coroner . M. D.

(Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 91955

91955

CERTIFICATE OF DEATH

92-001

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 E. North Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry H. Rahn

(a) Residence: No. 534 E. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~last~~ WIFE of Jennie Rahn

6. DATE OF BIRTH (month, day, year) Aug 20th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Henry Rahn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Silhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jennie Rahn

(Address) 534 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, M.D.

JUL 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1924 to July 11 1933

I last saw h. alive on July 11 1933 Death is said to have occurred on the date stated above, at 3304 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis.	
Paraplegia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Ernest H. Rahn M. D.

(Address) 3304 W. North Ave

M. D. B. 1268-9

91956 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91956

CERTIFICATE OF DEATH

93-001

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4509 Kavon Ave. St. 2621 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie V. Baker

(a) Residence: No. 4509 Kavon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Baker

6. DATE OF BIRTH (month, day, year) Feb. 14, 1898.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)

FATHER

13. NAME Harry S. Suckert

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME George Kissell

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT George J. Baker
(Address) 4509 Kavon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Jaynesboro Pa. Date July 14, 19 33

19. UNDERTAKER Harry S. Smith
(Address) 101 Edgemont Ave.

121933 [illegible] Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933, to July 11, 1933.

I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. A.C.	July 1933
Other contributory causes of importance: Cerebral (apoplexy) Hemorrhage.	March 16/33

Name of operation none Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. S. Harding M. D.

(Address) 4810 Belair Rd.

M. D. B. 126-a E 91957 E 91957

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~9195~~ 27302 122-062 ~~9195~~

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 25-41 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Connor

(a) Residence: No. 3701 Hanover St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina H. Connor

6. DATE OF BIRTH (month, day, year) 3/9/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Connecticut

FATHER

13. NAME ~~John~~ Connor

14. BIRTHPLACE (city or town) (State or country) ~~Ireland~~ Mass

MOTHER

15. MAIDEN NAME Mary Leimann LEIMANN

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date July 13, 1933

19. UNDERTAKER John F. Denny (Address) 711 Fifth Ave

FILED 121933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to July 9, 1933

I last saw h.[illegible] alive on July 9, 1933. Death is said to have occurred on the date stated above, at 10.46 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following perforation of infected diverticula of bladder	7-7-33

Other contributory causes of importance:

Chronic intestinal obstruction
marked intestinal adhesions

Name of operation Exploratory laparotomy Date of 7-7-33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice C. Rogers M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1588-a

91958

E 91958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E ~~9195~~

194-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grover Mongers

(a) Residence: No. 740 W. Frankland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary J. Mongers

6. DATE OF BIRTH (month, day, year) Mar 15-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME George Mongers

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Fannie Clark

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Annie Patterson (Sister)

(Address) 22 Dover St

BURIAL, CREMATION, OR REMOVAL Place ~~Baltimore, Md.~~ Johnson cemetery Date July 12 1933

UNDERTAKER Edw Bryan

(Address) 1631 Calvert St Huntington Avenue, Md.

FILED JUL 12 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe deep laceration of right forearm. Shock	7-7-33
Other contributory causes of importance: Dislocated right wrist Broncho-pneumonia Put mouth by Edema	

Name of operation Debridement, Sutures Date of 7-7-33

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-7 1933

Where did injury occur? Curtis Bay, Balto, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Weston Iron & Steel Co. Curtis Bay

Manner of injury While working piece of steel fell on

Nature of injury Deep laceration

24. Was disease or injury in any way related to occupation of deceased? Yes If yes, specify While working

(Signed) Eugene Miller M. D. Coroner

(Address) 237 Eastern Ave

M. D. B. 1368-9

91959

E 91959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 W Bentalou St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth 52 yrs. mos. da.

2. FULL NAME Joseph O Jones

(a) Residence: No. 647 W. Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, WIFE of (or) HUSBAND of Rose

6. DATE OF BIRTH (month, day, year) 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT M. A. Jones

(Address) 2007 E Hughes Ave

18. BURIAL, CREMATION, OR REMOVAL

Date 2/12/33 19

Wood Hebrew Fun

19. UNDERTAKER Louis Levine

(Address) 1435 E Baltimore

20. FILED 2/12 19 33 Registrar.

2 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/33 19

22. I HEREBY CERTIFY, That I attended deceased from July 12 1932 to July 12 1933

I last saw h.. alive on July 12 1933 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	
Other contributory causes of importance:	
Pulmonary Oedema	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. L. Johnson M. D.

(Address) 1075 N Rosedale St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91960

CERTIFICATE OF DEATH

91960

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 12-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Holland.

(a) Residence: No. 427 E. 23rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1865?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Bennett Cook

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Henrietta Arthur

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Friend

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Date 7/13 1933

Place Mt Zion Cem

19. UNDERTAKER Samuel T. Handley

(Address) 2328 N. Fremont Ave

20. FILED 7-12-1933 Huntington Undertaking Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to July 10, 1933

I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Chronic myocarditis	?
Congestive failure	May 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Phagell M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

E 91961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-E 91961

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N Carrollton Ave. St. 16-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgeanna Handy.

(a) Residence: No. 710 N. Carrollton ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 28 1863

7. AGE: Years 70 | Months 1 | Days 9 | If LESS than 1 day, hrs. or min. 11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Lewis Pepper Md

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Caroline Simis

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ruth Barnet

(Address) 1701 Madison ave

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem. Date 7/12 19 33

19. UNDERTAKER: Samuel J. Hemsley

(Address) 578 N. Middle St.

20. FILED 19 33 Huntington Tidings, Registrar.

JUL 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 00/33 19 to July 9 19 33

I last saw her alive on July 9 '33 Death is said to have occurred on the date stated above, at 6.50 p. m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — Date of onset ?

Other contributory causes of importance:

Myocarditis and Exhaustion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Wrather M. D.

(Address) 835 N. Fremont Ave

M. D. B. 1268-9

91962 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91962

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 W. Monument St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hicks

(a) Residence: No. 808 Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles Wesley Hicks

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude Comish

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Gertrude Hicks (Address) 808 monument

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date July 14, 1933

19. UNDERTAKER Isaac N. Gladden (Address) 1964 E. Biddle st

20. FILED Huntington Williams Mgr. 7/14/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1933 to July 9, 1933

I last saw him alive on July 9, 1933. Death is said to have occurred on the date stated above, at 11:50 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset July 9

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) [illegible] M. D.

(Address) Univ. Hosp.

Frank Abrams

M. D. B. 1268-8

E 91963

27444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91963

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 14-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Abrams Sr.

(a) Residence: No. 1418 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/8/83

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew Abrams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Emerson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date 7/14, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

10. [illegible] 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to July 10, 1933

I last saw h.e alive on July 10, 1933 Death is said to have occurred on the date stated above, at 10:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Vascular Nephritis	?
Uraemia	6/24/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hosp

Spec. 7-17-26—A Co.—200 Bks.

91964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91964

CERTIFICATE OF DEATH

REGISTERED NO. 107-001

1-PLACE OF DEATH Provident Hospital

City of BALTIMORE: (No. 15/14 Division St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Crowner

(a) RESIDENCE NO. 1729 Madison Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16. 1916

7 AGE	Years	Months	Days	IF LESS than 1 day..... hrs. or.... min..
	16	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Shool boy

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore md

(State or country)

PARENTS

10 NAME OF FATHER Thomas Crowner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Georgia Randall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Georgia Crowner

(Address) 1729 Madison ave.

15 Filed 12 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7-9-33

17 I HEREBY CERTIFY, That I attended deceased from 8-16, 1933, to 7-9, 1933, that I last saw h[illegible] alive on 7-9, 1933, and that death occurred, on the date stated above, at 12:55 a m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pleurisy Effusion (etiology not determined)

(duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray

(Signed) B. Harris M. D.

(Address) Provident Hospital

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cheri's Chapel Calvert co md Date of Burial July 12. 33

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Pierstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91965 E 91965

CERTIFICATE OF DEATH.

23V

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1302 N. Stockton ST. 15-01 WARD)

2-FULL NAME Pearl B. Young

(a) RESIDENCE No. 1302 N. Stockton ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 13, 1915

7 AGE Years 18 Months Days 29 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (Home)

(b) General nature of Industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

PARENTS

10 NAME OF FATHER Henry Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Anna Madden 1302 N. Stockton St.

(Address)

15 Filed ..... 19.. Huntington White Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-10- 1933

17 I HEREBY CERTIFY, That I attended deceased from 3-20-, 1933, to 7-10-, 1933, that I last saw h— alive on 7-10-, 1933, and that death occurred, on the date stated above, at 9 05 p. m.

The CAUSE OF DEATH* was as follows: Pulmonary T. B.

Personal knowledge 4 mos.

History (duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C. Bagg M. D.

, 19 (Address) 516 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

20 UNDERTAKER Thomas E. Kelson

DATE OF BURIAL 7/13 1933

ADDRESS 1303 Pressman St

M. D. B. 1268-9

E 91966 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91966

CERTIFICATE OF DEATH

Registered No. 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Lansing ave St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Jonas

(a) Residence: No. 1619 Lansing ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca

6. DATE OF BIRTH (month, day, year): 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O'K

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: Abe Jonas.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Esther Unknown

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Meyer Astrin.
(Address) 1619 Lansing ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date July 12 1933

19. UNDERTAKER: L. Levinson Bro
(Address) 1212 E Baltimore

FILED JUL 12 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to 7-2, 1933

I last saw h.. alive on 6-29, 1933. Death is said to have occurred on the date stated above, at 5 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) H Edmund Levin M. D.

(Address) 2037 Park Ave

Spec.—9-30—A. & Co.—250 Blks

E 91967 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91967

CERTIFICATE OF DEATH. V 13-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Wilhelm St. 20-01 WARD)

2. FULL NAME Kenneth Charles Thompson

(a) RESIDENCE NO. 2111 Wilhelm ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 11-1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Charles Thompson

11 BIRTHPLACE OF FATHER (city or town) Hertford Co. (State or country) N.C.

12 MAIDEN NAME OF MOTHER Annie Domer

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Charles Thompson
(Address) 2111 Wilhelm St.

Filed JUL 12 1933

Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-11-33

17

I HEREBY CERTIFY, That I attended deceased from 7/9 , 1933, to 7/11 , 1933

that I last saw h[illegible] alive on 7/11 , 1933

and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Dysentary

(duration) yrs. mos. 4 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas A Bates M. D.

7/11 1933 (Address) 2115 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm. H. Loomis Armstrong

DATE OF BURIAL July 13 1933

20 UNDERTAKER George L. Schwab

ADDRESS 2101 Eutaw Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 91968 — 120 E 91968

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 W Lafayette St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas Brooks Jr

(a) Residence: No. 1234 W Lafayette St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17-1930

7. AGE: Years 2 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

13. NAME Jas Walter Brooks Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Taylor Brooks

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jas Brooks Sr

(Address) 1234 W Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/12/33 19

19. UNDERTAKER Wm. George & Son

(Address) Pennsylvania Ave & Fulton

Registrar. Washington Williams, M.D.

JUL 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... and death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions - due to Acute Indigestion	
Other contributory causes of importance: Intestinal	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. O. Leuth M. D.

Coroner

(Address)

(Maritta Brown)

Spec.—7-17-26—A Co.—200 Bks.

E 91969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91969

CERTIFICATE OF DEATH

REGISTERED NO. 133

1-PLACE OF DEATH

City of BALTIMORE: (No. 1734 E Madison St., 7-ol Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maritta Brown

(a) RESIDENCE NO. 1734 E Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Sept. 1896

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	36	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Emanuel Sharp

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Alice Allender

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant William Brown

(Address) 1734 E Madison St

21933

Huntington Williams, Registrar

DCRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1933

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1933 to July 4, 1933.

That I last saw h[illegible] alive on July 4, 1933,

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows: Nephritis Acute

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Cause Unknown

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benson Hall, M. D.

(Address) 1207 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

Date of Burial July 12 1933

UNDERTAKER Robert V Williams

ADDRESS 1515 McElderry St

M. D. B. 1268-9

E 91970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161-601 E 91970

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 S. Monroe St. 14-01 Ward)

Length of residence in city or town where death occurred 15 hrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl Metcalf

(a) Residence: No. 319 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-10-33

7. AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or min.
	15 hrs	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Washington Metcalf

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Ethel Mathews

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 12 . 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED Huntington Pillsbury, Registrar

2 1933 06330

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-10 . 1933 to 7-11 . 1933

I last saw h[illegible] alive on 7-11 . 1933. Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	

Other contributary causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Alexander Lively M. D.

(Address) 1516 Henderson Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91971

CERTIFICATE OF DEATH

82E 91971

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Strathmore Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Curran

(a) Residence: No. 2510 Strathmore ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Curran

6. DATE OF BIRTH (month, day, year) May 30, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	80	1	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Francis Curran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Kathryn H. Curran

(Address) 2510 Strathmore ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 13, 1933

19. UNDERTAKER John A. Morgan

(Address) 3000 E. Baltimore St.

2 [illegible] 33 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to July 10, 1933

I last saw him alive on July 10, 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL EMBOLISM	June 10 '33

Other contributory causes of importance:

GENERALIZED ARTERIO-SCLEROSIS ?

Name of operation none Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) B V Kelly M. D.

(Address) 100 N. Linwood ave

M. D. B. 1268-9

91972 2744472

HEALTH DEPARTMENT--CITY OF BALTIMORE

91972

CERTIFICATE OF DEATH

Registered No. 744

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Acheson Smith

(a) Residence: No. 1 Pattison Ave. St., Ward. Greenwich Conn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucy.

6. DATE OF BIRTH (month, day, year) 11/4/1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Mngr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ellen Acheson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Burial. Date July 17 1933

19. UNDERTAKER J. Pentlin & Son Co (Address) Mt. Holly & Eutaw. Huntington Williams, N.J.

20. FILED 7/21/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29 1933 to July 12 1933

I last saw him alive on July 12th 1933. Death is said to have occurred on the date stated above, at 4 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant neutropenia (Acute agranulocytosis)	July 1 '33

Other contributory causes of importance:

Bronchopneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ralph J. Hills M. D.

(Address) Johns Hopkins Hosp

M. D. P. 1268-9

91973 HEALTH DEPARTMENT—CITY OF BALTIMORE 91973

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 20-61 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Bennielly Res Unknown

(a) Residence: No. Baltimore City Hospitals Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (Write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bennielly

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years 67 Months ? Days ? If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Bennielly

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Garber

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date July 13th 1933

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED 12 1933 Huntington Williams Notary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to July 10 1933

I last saw him alive on July 10 1933 Death is said to have occurred on the date stated above, at 11:07 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertrophy Prostatic Benign Stricture ?

Other contributory causes of importance: Cerebral Arterio Sclerosis ? July ?

Name of operation None Date of ?

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luther E. Leith M. D.

(Address) 719 Park Ave
Balto. City Hospitals

M. D. B. 1268-0

E 91974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 E 91974

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Grande

(a) Residence: No. 607 S. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ..... Child

6. DATE OF BIRTH (month, day, year) May 8. 1918.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14.	15	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... Child

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Grande

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Jennie Orlando

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Michael Grande

(Address) 607 S. Potomac

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 14, 1933

19. UNDERTAKER Kendall F. Cooper

(Address) 300 S. Eutaw St.

20. FILED JUL 12 1933 Wilson N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to July 11, 1933

Last saw h.e. alive on July 11, 1933 Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	7-5-33
acute peritonitis	
Sec bronchopneumonia	7-10-33

Other contributory causes of importance:

Name of operation appendectomy Date of 7-6-33

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) J. Dewey Mooney, M. D.

(Address) Franklin Square Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91975

CERTIFICATE OF DEATH

107-001

E 91975

1—PLACE OF DEATH 536 W Barre St.

CITY OF BALTIMORE: (No. 536 W Barre St. 72-01 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Winfield

(a) RESIDENCE NO. 536 W Barre St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6 DATE OF BIRTH (month, day, and year): May 15, 1863

7 AGE: Years 69 70 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 60

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): North Carolina

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Leatha Little

(Address) 536 W Barre St

Filed [illegible] Registrar

12 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1933

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to July 9, 1933

that I last saw h[illegible] alive on July 9, 1933

and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Leukemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M K Rampfelkins

, 19 (Address) 5 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary Cem	July 13 1933
20 UNDERTAKER	ADDRESS
Joseph A. Libely	4099 Mount St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91976

CERTIFICATE OF DEATH

E 91976

REGISTERED NO. 59

1—PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5607 Old Harford Rd (ST.) (WARD) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Underfuhren

(a) RESIDENCE NO. 5607 Old Harford Rd WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced. HUSBAND of (or) WIFE of Amelia Underfuhren

6 DATE OF BIRTH (month, day, and year) Apr. 8 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	4	3

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist 031
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Louis Underfuhren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Elenor Ammann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs C Underfuhren
(Address) 5607 Old Harford Rd

15 Filed 7 1933 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 34, 19..., to 7/11, 1933, that I last saw h alive on 7/4, 1933, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
Chronic myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Kyle W Talley, M. D.
(Address) 5703 Harford Rd, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Morland Memorial DATE OF BURIAL July 14 1933

20 UNDERTAKER J Hamann Jr ADDRESS 32 S Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91977 E 91977

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wolf Catzen

(a) Residence: No. 2502 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lillie Catzen

6. DATE OF BIRTH (month, day, year) May 19 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper box 04 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfgr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME — Catzen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. M. Goldstein

(Address) Victor St. & Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Hebrew Date July 13 193

19. UNDERTAKER David Londbaum & Son

(Address) 1912 Eastern Ave

Filed 7-13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-19- 1933 to 7-11 1933

I last saw him alive on 7-11 1933 Death is said to have occurred on the date stated above, at 7:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis	1 yr.
Uremia	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Archie Robert Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91978

CERTIFICATE OF DEATH

E 91978

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Dorchester Road 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Sumner January

(a) Residence: No. 3205 Dorchester Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel E. January

6. DATE OF BIRTH (month, day, year) May 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Alonza Sumner

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs James A. Tarr
(Address) 3205 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place Presby. Govans Date July 13 1933

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

21 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1933 to July 10th 1933

I last saw her alive on July 10th 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh Byerly, M. D.

(Address) 814 Wendover Road

Spec.—12-8-25—A Co.—200 Bks.

E 91979

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 91979

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-41 Ward)

2-FULL NAME Theresa Knickler

(a) RESIDENCE NO. 1260 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Knickler

6 DATE OF BIRTH (month, day, and year) 6 Feb 1846

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	87	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Ederer

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Sister Stanislaus Supr.

(Address) Little Sisters of the Poor Valley St.

Filed 2 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 July 1933

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1933, to July 11, 1933, that I last saw her alive on July 10, 1933, and that death occurred, on the date stated above, at 12:20 p.m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H. McParker, M. D.

7/12, 1933 (Address) 1114 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial July 13 1933

20 UNDERTAKER Rita Mudd ADDRESS 914 Gramont Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91980

CERTIFICATE OF DEATH

E 91980

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 W. Mosher St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie M. Spedden.

(a) Residence: No. 2908 W. Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arlington Spedden.

6. DATE OF BIRTH (month, day, year) July 3, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	--	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME John S. Dail.

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Margaret E. Hubbard.

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Arlington Spedden (Address) 2908 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date JUL 14 1933 19

19. UNDERTAKER Robert S. Little (Address) 2700 Edmondson Ave.

Registrar.

JUL 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 11 1933 19

22. I HEREBY CERTIFY, That I attended deceased from May-1931 to July-11- 1933

I last saw her alive on July 10 1933 Death is said to have occurred on the date stated above, at 9.30 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Hemorrhagic Pancreatitis with acute Hemiplegia with a second attack. Date of onset 7/5 1933

Cerebral arteriosclerosis with hypertension.

Other contributory causes of importance:

Name of operation NW Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NW Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. Wesley Cole M. D.

(Address) 2700 Edmondson Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91981 E 91981

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 575 Canuel St. 17-al Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elma E. Green

(a) Residence: No. 575 Canuel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fml

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): February 28-1892

7. AGE: Years 44 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: David H. Green

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Jamie Bush

16. BIRTHPLACE (city or town) (State or country): Talbot Co Md

17. INFORMANT: David H. Green

(Address): 575 Canuel

18. BURIAL, CREMATION, OR REMOVAL: Ft Auburndale July 13 1933

Date ... 19...

19. UNDERTAKER: Bernard Atkinsley

(Address): 818 Druid Hill Ave

20. FILED July 13 1933 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on July 10 1933 19... Death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leek M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

91982 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91982

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada E. Dorsey

(a) Residence: No. 418 St. Mary's St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jul 1/1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co, Md.

FATHER

13. NAME James T. Dorsey

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Rachel Holly

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT James T. Dorsey
(Address) 416 St. Mary St

18. BURIAL, CREMATION, OR REMOVAL
Holy Family July 13 1933
Date 19

19. UNDERTAKER Bernard O'Reynolds
(Address) 818 Druid Hill Ave

Filed JUL 13 1933 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	??

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. McCurdy M. D.
Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91983

CERTIFICATE OF DEATH

120

E 91983

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 817 Madison St. (14-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eraluse Bennett

(a) Residence: No. 817 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem. | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 30-1892

7. AGE: Years 41 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Darlington S. C.

FATHER

13. NAME: Elvid Ferguson

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Elizabeth Irwin

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Flora Suggs
(Address) 817 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place: Ft Carlton Cemetery Date: July 12th, 1933

19. UNDERTAKER: Archibald C. Gaddis
(Address) 1211 E Fulton St

FILED JUL 13 1933 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10th, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows: Duration of onset

Gastro Enteritis

Nurse

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. Leon Levy, M. D. Coroner

(Address) Coroner

M. D. B. 1268-9

E 91984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91984

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 677 Pierce St. 17-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles R. Bright

(a) Residence: No. 677 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916

7. AGE: Years 17 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Charles Bright

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Marceline Hosey

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Marceline Bright
(Address) 605 E. Fagen St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 15, 1933

19. UNDERTAKER: James A. Edgerly
(Address) 1142 W. Pratt St.

Huntington Williams
Registrar

LT 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, that I attended deceased from June 10, 1933 to July 12, 1933

I last saw him alive on July 7, 1933. Death is said to have occurred on the date stated above, at 8:50 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure

Duration 5 days

Infection Arthritis & Pyuria 7 yrs.

Date of onset
7/7/33
June 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Haines, M. D.

(Address) 615 E. Fagen St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91985

CERTIFICATE OF DEATH

91985

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert Sts St. 7 Ward) 7-20-1/26

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence Preston

(a) Residence: No. 3607 Newburg ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gertrude Preston

6. DATE OF BIRTH (month, day, year) Feb 7th 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Preston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Priscilla Hilsdt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clarence Preston (Address) (same water)

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date July 13 1933

19. UNDERTAKER F. S. Mansfield (Address) Baltimore

20. FILED 1933 Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7th 1933 to July 10th 1933

I last saw h[illegible] alive on July 10 1933. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pancreatitis	July 7th

Other contributory causes of importance:

chronic cholecystitis, cholelithiasis

cholecystectomy 7-7-33

Name of operation Drainage of pancreas Date of July 7th

What test confirmed diagnosis? Surgical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

E 91986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91986

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (Or) Baltimore City Hosp St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Baker

(a) Residence: No. 1742 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ida E Baker

6. DATE OF BIRTH (month, day, year) ? 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 62

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John L Baker

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Dorst Knox

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date July 15 1933

19. UNDERTAKER John Ulrich (Address) 2008 Orleans St

20. FILED 13 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933 to July 12, 1933.

I last saw him alive on July 12, 1933 Death is said to have occurred on the date stated above, at 6 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cardiac failure	?

Other contributory causes of importance:

Prostatectomy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T B Magruder M. D.

(Address) Balto City Hospitals

Instructions on back of certificate.

M. D. B. 1268-9

E 91987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91987

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Tyndale Ave. St. 27-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lina C. Hall

(a) Residence: No. 3101 Tyndale Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of J. Griffin Hall

6. DATE OF BIRTH (month, day, year) Dec. 12 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7 6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Rossell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT R. Milton Hall
(Address) 2217 Kirk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 14, 19

19. UNDERTAKER John Ulrich & Sons
(Address) 2008 Arlington Ave. Willington, N.C.

[illegible] 19 [illegible]
(Registrar)

JUL 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933, to July 12, 1933. I last saw her alive on July 12, 1933. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation	11 hr
Bronchial asthma	5 yrs
Other contributory causes of importance:	
Cardio-vascular renal	4 yrs - 5 yrs.
emphysema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) Louis F. Krumeen M. D.

(Address) 722 N. Kenwood Ave.

Instructions on back of certificate.

M. D. B. 1268-9

BIENSTEIN ✓

E 91988 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91988

CERTIFICATE OF DEATH

82-001 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4219 La. Salle Ave (Sandpoint) St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 28 How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanora L. Bienstein

(a) Residence: No. 4219 La. Salle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick L. Bienstein

6. DATE OF BIRTH (month, day, year) Jan. 13 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Stevenson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Geis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Frederick L. Bienstein

(Address) 4219 La Salle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date July 14 19 33

19. UNDERTAKER Henry Koop & Sons, Inc

(Address) 1301 E. Eager St

20. FILED JUL 13 1933 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 19 33

22. I HEREBY CERTIFY, That I attended deceased from May 8 19 33 to July 11 19 33

I last saw h[illegible] alive on July 11, 33 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance:

Hypertension & Cerebro Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Claud Frank M. D.

(Address) 4726 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-2

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91989

CERTIFICATE OF DEATH

94-001 E 91989

Registered No.

28-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Maine Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles G. Kriel, Jr.

(a) Residence: No. 4401 Maine Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace E. Kriel

6. DATE OF BIRTH (month, day, year) Nov. 30, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles G. Kriel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Hannah E. Schumacher

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Grace E. Kriel
(Address) 4401 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 13, 1933.

19. UNDERTAKER John F. Denny
(Address) 1345 Light Street

20. FILED July 13 1933 Registrar. Entered Williams, N.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1933 to July 11 1933

I last saw him alive on July 11 1933. Death is said to have occurred on the date stated above, at 5.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10 yrs
Coronary Thrombosis	1 mo

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Samuels M. D.

(Address) 4509 Baltimore County Hospital

M. D. B. 1268-0

E 91990 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 91990

Registered No.

1. PLACE OF DEATH West Baltimore Jewish Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-01 St. Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Ben Kanefsky

(a) Residence: No. 3106 Orleans St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mareka

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 7/13/33 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1739 E. Baltimore St.

20. FILED JUL 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12/33. 19

22. I HEREBY CERTIFY, That I attended deceased from May 3 19 33 to July 12 19 33

I last saw him alive on July 12 19 33 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Lymphosarcoma	
Other contributory causes of importance:	
Ascites.	

Name of operation Biopsy Gland Date of Aug. 29 19 33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John I. Cozzens M. D.

(Address) W B & H

Instructions on back of certificate. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91991

CERTIFICATE OF DEATH

E 91991

117-001

Registered No. 15-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 382 Towanda Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Isadore Futeral

(a) Residence: No. 382 Towanda Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Dave

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Where Holy Redeemer Cem. 7/13/33 19

19. UNDERTAKER Otto Lewis Inc
(Address) 1739 Hanover St

20. FILED JUL 13 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/33. 19

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to July 13, 1933

I last saw him alive on July 12, 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Gastric ulcer.

Name of operation Partial Gastrectomy Date of May 11/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alfred Ullman M. D.

(Address) 1712 Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 91992 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91992

CERTIFICATE OF DEATH.

108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 E. Montgomery ST. 22-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A Baer

(a) RESIDENCE NO. 212 E. Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew F. Baer

6 DATE OF BIRTH (month, day, and year) Nov. 27-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	76	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Housework Baltimore

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Ferson Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Tucker

13 BIRTHPLACE OF MOTHER (city or town) Columbus (State or country) Ohio

14 Informant Emma Late Thompson (Address) 212 E. Montgomery

15 Filed ..., 19 Huntington Willis, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11-1933

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 11, 1933.

that I last saw h-d alive on July 11, 1933,

and that death occurred, on the date stated above, at 6:25 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

July (duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Debilitation & Senility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) W. W. Wackes, M. D.

, 19 (Address) 827 Eight St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL July 14-1933

UNDERTAKER Josiah Lyles — ADDRESS 1605 W. North Ave.

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91993

CERTIFICATE OF DEATH

191 E 91993 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Jefferson St., 7-01 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Ann Brown

(a) Residence: No. 2118 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Cornelius Brown

6. DATE OF BIRTH (month, day, year) July 3. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	-	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Henry Mills

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Berzidda Hutchinson

16. BIRTHPLACE (city or town) Taylor's Island (State or country) Md.

17. INFORMANT Margaret F. Walters

(Address) 2118 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date July 14 1933

19. UNDERTAKER Hughes & Jones Inc.

(Address) 424 N. Broadway

JUL 13 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4 - 1933, to July 10 - 1933

I last saw h[illegible] alive on July 10 - 1933 death is said to have occurred on the date stated above, at 4:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile - Cardio - Vascular Dis.	1 yr.
Other contributory causes of importance:	
Heart & Kidneys -	6 wks

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 125 [illegible]

M. D. B. 1268-9

✓ E 91994

E 91994 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S Caroll St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances D Stein

(a) Residence: No. 210 S Caroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12th 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Michael L Stein

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ethel M Sparrman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Michael L Stein

(Address) 210 S Caroll St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peter Date 7/13/ 1933

19. UNDERTAKER John F Edwards & Son

(Address) 2660 Wolfe St

JUL 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/8/33 19 to 7/11/33 19

I last saw h alive on 7/11/33 19 Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enteritis	7/5/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Levy M. D.

(Address) 910 W Lombard

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91995

CERTIFICATE OF DEATH

× 34 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, Baltimore Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lloyd Derflinger

(a) Residence: No. Herndon md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minerva E Derflinger

6. DATE OF BIRTH (month, day, year) Jan 20 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goucher College, Balto.

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Front Royal Va

FATHER

13. NAME Douglas Derflinger

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary A Stelle

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Minerva E. Derflinger
(Address) Herndon Va Co Rtd

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery
Date July 14 1933

19. UNDERTAKER Chas H. Eilar
(Address) 1729 E. Fayette St

20. FILED JUL 15 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933 to July 12, 1933

I last saw him alive on July 12, 1933. Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

C.N.S Lues - Paresis — Date of onset 1915 (?)

Other contributory causes of importance:

Broncho-Pneumonia — 7/11/33

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Emil J. C. Hildenbrand M. D.

(Address) Johns Hopkins Hospital, Balto, Md

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. 91996 NEAL E 91996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 W Saratoga St. 18-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A Neal

(a) Residence: No. 824 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Neal

6. DATE OF BIRTH (month, day, year) May 15, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandy Bottom Kent Co. Md.

FATHER

13. NAME Joseph Wright

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Katie Miller

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT William Neal
(Address) 824 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Tolchester, Md Date July 14, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

FILED JUL 13 1933 Huntington Williams, M. D.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 10, 1933

I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	July 8 1933
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension	1932

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Carter, M. D.

(Address) 824 W. Saratoga St.

M. D. B. 1268-9

E 91997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91997

CERTIFICATE OF DEATH

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2022 Cliftwood Ave. St., 8 - 01 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J Kelly

(a) Residence: No. 2022 Cliftwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph L. Kelly

6. DATE OF BIRTH (month, day, year) March 13, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hours or minutes
	46	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles H Jenkins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Ryne

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Joseph L. Kelly

(Address) 2022 Cliftwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date July 15, 1933

19. UNDERTAKER George J Ruth Sons

(Address) 1735 Aisquith St

AUG 4 1933

20. FILED JUL 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/5, 1933 to 7/12, 1933

I last saw her alive on 7/11, 1933 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Several years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Loss, M. D.

(Address) 1216 E Calvert St

INSTRUCTION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 91998

1916

91998 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

1315

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Fulton Ave 4-9 Ward)

Length of residence in city or town where death occurred about 6 yrs. mos. 6s. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Bruckhurst

(a) Residence: No. 519 N. Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William D. Bruckhurst

6. DATE OF BIRTH (month, day, year) April 18-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	70	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME David Hawenstat

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Martha unknown

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Mrs. H. C. Wehner

(Address) 519 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine. Date July 14 - 1933

19. UNDERTAKER Margaret H. Flynn

(Address) 2107 N. Fulton Ave.

20. FILED July 14 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1933 to July 11 1933

that I saw h[illegible] alive on July 11 1933 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Indefinite
Chr. Interstitial Nephritis	Indefinite
Other contributory causes of importance:	
Pulmonary Edema	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Henry Hartman M. D.

(Address) 2681 Riggs Ave

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

91999

CERTIFICATE OF DEATH

93-003 E 91999

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E Pratt St. 3-01 Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Bernstein

(a) Residence: No. 1106 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Emanuel Bernstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Rice

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benj Bernstein

(Address) 2914 Spring Hill Lane

18. BURIAL, CREMATION, OR REMOVAL. Date July 14. 1933

Place Hebrew Rosedale

19. UNDERTAKER S Levinson Bro

(Address) 1127 E Balto St.

20. FILED JUL 13 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/11 . 1933 to 7/13 . 1933

I last saw her alive on 7/13 . 1933. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1932 7/10

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Hunter M. D.

(Address) 2 No Eutaw St

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92000 92000

CERTIFICATE OF DEATH

V 126 E

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward) 21
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick O'Donnell

(a) Residence: No. 115 h Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 7, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Formerly worked in Coal mines
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John O'Donnell
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Budget ?
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 13, 1933

19. UNDERTAKER John F. Falkenhan
(Address) 1316 Light St

20. FILED JUL 13 1933 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933 to July 9, 1933
I last saw h live on July 9, 1933 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumoconiosis	?
Other contributory causes of importance:	
Cholelithiasis	?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) T. P. Magee, M. D.
(Address) Balt. City Hosp.

M. D. B. 1268-9

92001

HEALTH DEPARTMENT—CITY OF BALTIMORE

92001

CERTIFICATE OF DEATH

131N

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3047 Pinewood Avenue St. 27-24 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 51 yrs. ... mos. ... da.

2. FULL NAME Maryanna . Gajewski

(a) Residence: No. 3047 Pinewood Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the Late Martin Gajewski

6. DATE OF BIRTH (month, day, year) 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin Tasinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Elezabeth Rutkowski Daughter
(Address) 312 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date July 14, 1933

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED Huntington Williams, Registrar

JUL 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to July 10 1933
I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 1210 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Senile	1925
Cardio vascular renal disease	1930
Uremia	7 mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? P. E Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph S. Blum, M. D.

(Address) 1331 E. North Ave

N. B.—WRITE PLAINLY, with lead pencil or pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain ... of ... exact statement of OCCUPATION is very important. See ...

M. D. B. 1268-9

92002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92002

Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5023 Rolandave St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie E. Jackson

(a) Residence: No. 5023 Rolandave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander H. Jackson

6. DATE OF BIRTH (month, day, year) Dec. 28 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Arthur Keefe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Jackson

(Address) 5023 Rolandave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem. Date 7/14/ 1933

19. UNDERTAKER J. Enolan

(Address) 3000 Eutaw St.

20. FILED JUL 13 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1 1932 to July 11 1933

I last saw her alive on July 11 1933. Death is said to have occurred on the date stated above, at 8-25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis. Congestive Failure in compensation from Oct-1 1932 to July 11 - 1933	Oct 1 1932
Other contributory causes of importance: Hematuria Probably Carcinoma of Bladder. Bleeding 10 days. Uremia	7/1/33

Name of operation — Date of

What test confirmed diagnosis Uremia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Gibson Forter M. D.

(Address) 4822 Rolandave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92003

E 92003 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 Aiken St. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Keinig

(a) Residence: No. 2140 Aiken St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Keinig

6. DATE OF BIRTH (month, day, year) Sept 21, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Keinig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Berlin

16. BIRTHPLACE (city or town) (State or country) Gemany.

17. INFORMANT Mrs. Mary C. Keinig
(Address) 2140 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL
Place Westernberg Date 7/14 1933

19. UNDERTAKER John F. Moran
(Address) 3000 E. Balto St.

20. FILED Huntington Williams Registrar.

JUL 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/29 1933 to July 11 1933

I last saw him alive on July 10 1933 Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcoma of left radius with Metastasis to left frontal bone -	Prior to 6/29/33

Other contributory causes of importance:

Toxaemia -

none

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hugh A Carson M. D.

(Address) 1517 E North Ave

M. D. B. 1268-B

E 92004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92004

1. PLACE OF DEATH University Hospital — Registered No. [illegible]

CITY OF BALTIMORE: (No. [illegible] St. W-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 1 ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Zelma E Grimes

(a) Residence: No. West Fremdship Rd St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
	9	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Maryland

FATHER

13. NAME Joseph H. Grimes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen E. Gaver

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph H. Grimes
(Address) West Fremdship Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt View Date July 15, 1933

19. UNDERTAKER Easton Bros.
(Address) Westport

FILED JUL 13 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to July 13, 1933

I last saw h[illegible] alive on July 13, 1933 Death is said to have occurred on the date stated above, at 3:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Peritonitis	7/3/33

Other contributory causes of importance: Cause Unknown

Name of operation Laparotomy Date of 7/13/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible] 19[illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible]

If so, specify [illegible]

(Signed) E. L. Shroom Jr. M. D.

(Address) Easton Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 12884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92005

CERTIFICATE OF DEATH

E 92005

X-107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard Kelly Hosp St., 21st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas Williamson Bain

(a) Residence: No. Waverly Flats St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Killgus Bain

6. DATE OF BIRTH (month, day, year) Feby 1863

7. AGE Years 70 Months 5 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Piedmont W Va

FATHER

13. NAME Jas Eastburn Bain

14. BIRTHPLACE (city or town) (State or country) Portsmouth Va

MOTHER

15. MAIDEN NAME Emily Butler

16. BIRTHPLACE (city or town) (State or country) Portsmouth Va

17. INFORMANT Mrs Lynn Bain

(Address) Waverly Flats

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 14 1933

19. UNDERTAKER Chas. S. Black

(Address) 1711 W. Fayette Ave

20. FILED JUL 14 1933 Hamilton Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 13 1933

I last saw h alive on July 1 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephritis	
Uraemia	
Arterio Sclerosis	
Hypertension	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Kelly M. D.

Coroner

(Address) Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spoc—8-16-29—L. F. S.—100 Blks.

E 92006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92006

CERTIFICATE OF DEATH

97

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3321 Winterbourne ST. 25-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Amanda Harper Roe

(a) RESIDENCE NO. 3321 Winterbourne Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wht	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Roe

6 DATE OF BIRTH (month, day, and year) July 1st 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Jno M. Harper

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Dooley Ware

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Md.

14 Informant Mrs. Wm B. Brown

(Address) 3321 Winterbourne Rd.

15 Filed July 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12/33

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1933, to July 12, 1933, that I last saw h[illegible] alive on July 10, 1933 and that death occurred, on the date stated above, at 1225 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure of Broncho pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E A Smith M. D.

7/12 1933 (Address) 1605 N. Rock Cir.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	July 14 1933

20 UNDERTAKER Wm C. Black ADDRESS 927 N. Broadway

JUL 13 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

92007

92007

92007

E 92007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A Crawford

(a) Residence: No. 3700 Elm Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crawford.

6. DATE OF BIRTH (month, day, year) Sept. 8, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B. & O. Railway.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. C. Crawford.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rose Benning

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Wife

(Address) 3700 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date July 14 1933

19. UNDERTAKER E. Klinge Pickett

(Address) 3615-17 Eastern Ave

[illegible] Huntington Avenue, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to July 12, 1933

I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Rectum — Date of onset .....

Other contributory causes of importance:

Pneumonia

Name of operation Appendicostomy Date of 7-9-33

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Druid Ridge, M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 13 1933

E 92008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92008

E [redacted]

CERTIFICATE OF DEATH

93-004

E [redacted]

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2835 Harlem Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Frances Hagner

(a) Residence: No. 2217 Homewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William M. Hagner

6. DATE OF BIRTH (month, day, year): June 14/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Joseph Madden

14. BIRTHPLACE (city or town) (State or country): Church Hill, Md.

MOTHER

15. MAIDEN NAME: Lydia Adams

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs. Ella Muth (daughter)
(Address): 2835 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 14th 1933

19. UNDERTAKER: Wm Cook
(Address): 1317 St Paul St

20. FILED JUL 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11/33

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to July 11/33, 19...

I last saw her alive on July 11/33 death is said to have occurred on the date stated above, at 11.20 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Chr Hypertrophy & Dilatation	? yrs

Other contributory causes of importance:

General Arteriosclerosis	? yrs

Name of operation: ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H H Cassard, M. D.

(Address) 508 E Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 92009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92009

CERTIFICATE OF DEATH

103

1. PLACE OF DEATH Dead on arrival

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 401 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Davis

(a) Residence: No. 124 Jasper, South St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davidson Transfer Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Davis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Ada Faulkner
(Address) 126 W. Read St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date July 14 1933

19. UNDERTAKER Edw. Bryson
(Address)

20. FILED JUL 14 1933 Huntington Pitcairn, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at About 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from mouth & nose	
(Cause undetermined)	
(Probably not tuberculosis)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos H Pope M. D.
Coroner

(Address) 508 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

92010

HEALTH DEPARTMENT—CITY OF BALTIMORE

92010

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Flora Isabella

(a) Residence: No. 2002 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or WIFE of) Liviana Isabella

6. DATE OF BIRTH (month, day, year) Nov 29 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Matthew Isabella

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Stouffer

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 14 1933

19. UNDERTAKER Richard F. Cowley

(Address) 760 E. Northern Pkwy

20. FILED JUL 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933 to July 12, 1933

I last saw her alive on July 12 1933 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk
Senility	

Other contributory causes of importance:

Arteriosclerosis	?
Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. P. Magill M. D.

(Address) Balt. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 92011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92011

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital St., 2-01 (Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Czernikowski

1a) Residence: No. 28 S. Castle Street St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Joseph Czernikowski

6. DATE OF BIRTH (month, day, year) February 2/1887

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
46	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Zielenski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Agnes Rawa (Daughter)
(Address) 2131 Jefferson Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date July 15, 1933

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street
JUL 14 1933 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

Last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at 11.07 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary accident	
(Probably thrombosis) 1	hr

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) J. H. Paten M. D.

(Address) 5016 York Road — Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92012

CERTIFICATE OF DEATH

23 E 92012

1. PLACE OF DEATH Baltimore City Hospitals (Wh.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Hojnowski (Chojnowski)

(a) Residence: No. 2008 Portugal st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) February 2, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	8 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 074

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Walter Chonowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Salenski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date July 17 1933

19. UNDERTAKER George a Weber
(Address) 705 S Ann Street

20. FILED JUL 14 1933 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 20 1932 to July 13 1933

I last saw him alive on July 13 1933 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jos Thomas Jr M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92013

CERTIFICATE OF DEATH

121

E 92013

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Matthew Martin Sobczak

(a) Residence: No. 2707 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 30/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 years	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Thomas Sobczak

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Wozniak

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Agnes Sobczak.

(Address) 2707 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cemetery Date July 17 1933

19. UNDERTAKER Pierre A. Webel.

(Address) 705 S Caroline street

FILED ... 19... Huntington Williams, M.D. Registrar.

JUL 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 19... to July 13, 1933

I last saw him alive on July 13, 1933. Death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Appendicitis with (1) Ruptured Appendix	
Other contributory causes of importance: (1) Peritonitis (2) Chronic Myocarditis	

Name of operation Appendectomy Date July 8, 1933

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

E 92014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 92014

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Juhn

(a) Residence: No. Old Folks Home - Monument & Rutland Sts. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	95	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Mela

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Rose Isseil

(Address) Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Date July 14, 1933

19. UNDERTAKER Harid Londeimer & Son

(Address) 902 Eutaw Place

JUL 14 1933

19 Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 , 1933

22. I HEREBY CERTIFY, That I attended deceased from July , 1930, to July 12 , 1933

that I saw ... alive on 7-12 , 1933. Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A.K. Cohen M. D.

(Address) Sinai Hospital.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92015

CERTIFICATE OF DEATH

94-002 E 92015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Appleton St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Leppin

(a) Residence: No. 1734 Appleton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write also word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jos Leppin

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years: 70 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Mother

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rachel Grossman

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Jack Leppin 2913 Oakley R

18. BURIAL, CREMATION, OR REMOVAL: Place Levi Mt Lawn Date 7/14/33

19. UNDERTAKER (Address): Lutz Lutz Bros 1439 E Balto St

FILED JUL 14 1933 19 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Lutz Coroner M. D.

(Address)

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

E 92016 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92016

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Leverdale

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 38 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sarah Platzky

(a) Residence: No. Belvedere & Greenspring Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob

6. DATE OF BIRTH (month, day, year): 1850

7. AGE: Years 83 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Samuel Platzky

(Address) 2022 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Southern Ave Date: 7/14/33 19

19. UNDERTAKER: Chas. Louis Eye

(Address) 1437 E. Balto. St.

FILED JUL 14 1933 19 ... Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1933 to 7-13, 1933

I last saw her alive on 7-13, 1933 Death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

Bronchs - Pneumonia — Date of onset 7-7-33

Ch. card. valvular disease.

Arteriosclerosis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H Edmund Kern, M. D.

(Address) Leverdale

INSTRUCTIONS: WRITE LEGIBLY WITH CAPABLE PENCIL. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 181-E 92017

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto Gen Hosp (St.) 16-21 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 Days How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred. Wallick

(a) Residence: No. Sykesville Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) late Lottie V. Wallick,

6. DATE OF BIRTH (month, day, year) 1891-8-22

7. AGE: Years 41 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Sykesville Md

FATHER

13. NAME Wm Wallick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Frederick Louisa Gerstmyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Wallick

(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Freedom Cemetery Date July 15, 1933

19. UNDERTAKER C. M. Waltz

(Address) Mt Airy Md.

FILED ... 19... Huntington Williams

JUL 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree Burns	
disadvantageous	
(Other contributory causes of importance)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Smith M. D. Coroner

(Address) Eldersburg Md

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 13 3 13 92018 E 92018

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 137

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Cate

(a) Residence: No. 3105 Finges Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler 038

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn

FATHER

13. NAME Cam Cate

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Elizabeth Watt

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 15 1933

19. UNDERTAKER Joseph Zeller
(Address) 1600 N. Gorsuch Ave.

20. FILED JUL 14 1933 Huntington Wilkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24 1933 to July 12 1933

I last saw her alive on July 12 1933 Death is said to have occurred on the date stated above, at 6 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis Hypertrophy Hemiplegia	5 days
Other contributory causes of importance:	
Secondary anemia	
Chronic nephritis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Woodhall M. D.

(Address) John Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 92019

HEALTH DEPARTMENT—CITY OF BALTIMORE

274816

CERTIFICATE OF DEATH

122-102E 92019

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Robert Thompson

(a) Residence: No. 404 Hollen Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/6/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore Maryland
(State or country)

FATHER

13. NAME Robert Thompson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Helen French

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 14, 1933

19. UNDERTAKER Thos O. Mitchell & Son
(Address) 1900 Eutaw Place

JUL 14 1933

Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to July 13, 1933

I last saw him alive on July 13, 1933. Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia,	7-10-33
Septicemia	7-12-33
Paralytic ileus	7-10-33
Other contributory causes of importance:	
Pharyngitis	7-6-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion C Rogers, M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—9-30—A. & Co.—250 Blks.

E 92020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92020

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 820 Rutland Ave (St.) 7-Ql (Ward)

2-FULL NAME Mildred Elizabeth McCormick.

(a) RESIDENCE No. 820 Rutland Ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	col	widow

6a If married, widowed, or divorced ~~husband~~ of (or) WIFE of Amos Thomas McCormick

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clover, Halifax Co Va

PARENTS

10 NAME OF FATHER unKnown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mollie Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Clarence Eugene McCormick

(Address) 820 Rutland Ave

JUL 14 1933

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) July 12, 1933

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to July 12, 1933

that I last saw her alive on May 18, 1933

and that death occurred, on the date stated above, at 11.02 P. m.

The CAUSE OF DEATH* was as follows:

Cereberal hemorrhage

(Duration) immediate ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis.

(Duration) ? yrs. mos. ds.

18 Where was disease contracted if out at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Brown M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary | DATE OF BURIAL July 16 1933

20 UNDERTAKER Mrs. R. A. Elliott | ADDRESS 1129 N. Carrollton

IMPORTANT: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92021

E 92021 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 Hanover St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas Kellam

(a) Residence: No. 1225 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ellen Nora Kellam

6. DATE OF BIRTH (month, day, year) April 26 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Cream Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5 mos

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas Kellam

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Ellen Nora Kellam

(Address) 1225 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 15 1933

19. UNDERTAKER John F Dennis

(Address) 215 Light St

Huntington Williams, M.D.

20. FILED JUL 14 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1933 to July 12, 1933

I last saw him alive on July 12, 1933 Death is said to have occurred on the date stated above, at 7:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Indefinite)	
Other contributory causes of importance:	
Uremia	7/10/33

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R. H. Campbell M. D.

7/14/33 (Address) 1644 Hanover St

M. D. B. 1268-9

92022

HEALTH DEPARTMENT—CITY OF BALTIMORE

92022

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., W-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emil Weber

(a) Residence: No. 4 Sulphur Spring Rd St., ... Ward. A A Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Weber

6. DATE OF BIRTH (month, day, year) June 3, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Jacob Weber

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Barbara Zeuder

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs. Reed
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 15, 1933

19. UNDERTAKER Wm. J. Dickey & Son
(Address) North & Fulton Ave

Huntington Williams, Jr.
Registrar.

JUL 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 12, 1933.

I last saw him alive on July 12, 1933 Death is said to have occurred on the date stated above, at 1 1/2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	?
Other contributory causes of importance: Partial Intestinal Obstruction	6/1/33

Name of operation Exploratory Date of 7/7/33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edward L. Zepp, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 92023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 1494 001 92023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Wilkerson

(a) Residence: No. 2227 Pelham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. W. Wilkerson, Jr.

6. DATE OF BIRTH (month, day, year) Aug 4/1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila., Pa.

FATHER

13. NAME James Kamka

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Pauline Olrog

16. BIRTHPLACE (city or town) (State or country) Phila., Pa.

17. INFORMANT Geo. W. Wilkerson, Jr.
(Address) 2227 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date July 15 1933

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED Huntingdon Williams, N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12/33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paerpal Hemorrhage	
Post Operative	

Other contributory causes of importance:

Name of operation Caesarian 4.15 P.M. Date of 7.12/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Keen M. D. Coroner

(Address) 606 E Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 14 1933

M. D. R. 1268-9

92024

HEALTH DEPARTMENT—CITY OF BALTIMORE

92024

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Clayton

(a) Residence: No. Chinco Ark Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Oliver Clifton Clayton
14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Ethel May Benzinger
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med College Date July 14 . 1933

19. UNDERTAKER .....
(Address)

20. FILED July 19 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 . 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5 . 1933 to July 5 . 1933
I last saw living alive on July 5 . 1933. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7/5/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Louis H. Jack, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE 92025

CERTIFICATE OF DEATH

92025

94-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Hardeu St., 19-05 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Susan Birmingham

(a) Residence: No. 1011 Hardeu St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft Baltimore

FATHER

13. NAME James Birmingham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Ida Mudd
(Address) 1011 Hardeu St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 15, 1933

19. UNDERTAKER Peter Wiedefeld & Sons
(Address) 214 Greenmount Ave

20. FILED JUL 17 1933 Huntingtown Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933 to July 12, 1933

I last saw h[illegible] alive on July 12, 1933. Death is said to have occurred on the date stated above, at 5 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Arteriosclerosis	1924

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hugh Forsythe, M. D.

(Address) 7-13-33

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92026

271896

HEALTH DEPARTMENT—CITY OF BALTIMORE

92026

CERTIFICATE OF DEATH

XV 46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 706 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. - ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Dunn

(a) Residence: No. 6504 Liberty Road St., ... Ward. Woodlawn md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: ~~White~~ ~~Black~~

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bertie

6. DATE OF BIRTH (month, day, year): 7/2/1880

7. AGE: Years 53 | Months 0 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lesson

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: John Dunn

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Lucy Md Hendry

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: 7/17/33

19. UNDERTAKER: W. M. Cook
(Address) 1217 E. Fayette St

20. FILED: Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to July 13, 1933

I last saw ~~HAVE~~ alive on July 13, 1933. Death is said to have occurred on the date stated above, at 10.55 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	March 1933
Cystitis & Pyelitis.	July 13
Paralysis of bladder.	June 1
Generalized Cachexia	

Other contributory causes of importance:

Carcinoma could not be ruled out	

Name of operation: None Date of: —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thurston M. Hardy, M.D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-2 3

M. D. B. 1200

E 92027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92027

CERTIFICATE OF DEATH

V 46 E [redacted]

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Oakley Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julius Machlin

(a) Residence: No. 2922 Oakley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Harry Machlin

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mary Machlin
(Address) 2922 Oakley ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodmen Circle Date July 14 1933

19. UNDERTAKER: Jos Levinson & Bro
(Address) 1112 Balto st.

20. FILED JUL 14 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1933 to July 14 1933.

I last saw him alive on July 13 1933. Death is said to have occurred on the date stated above, at 11 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	1/5

Other contributory causes of importance: Acute Lung Abs

Name of operation Laparotomy Date of Oct 1932

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Barlow M. D.

(Address) 2040 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 92028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92028

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

CITY OF BALTIMORE: (No. 4302 Roland Ave ST. 27-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alfred I. Hart

(a) RESIDENCE NO. 4302 Roland Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora H. Hart

6 DATE OF BIRTH (month, day, and year) July 31-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Kate Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Cora H. Hart

(Address) 4302 Roland Ave

15 Filed JUL 14 1933, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13-1933

17 I HEREBY CERTIFY, That I attended deceased from April 3, 19 33, to July 13, 19 33, that I last saw him alive on July 13, 19 33 and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Attack lasting two minutes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Hypertension - General Arteri-Sclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed Patient's Clinical findings

(Signed) L. F. Robinson, M. D.

7/14, 1933 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 15 19 33
20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-11 250B

E 92029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92029

CERTIFICATE OF DEATH

V 93-003

Registered No. 22-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 W. Montgomery St. 22 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ignatius N. Fritz

(a) Residence: No. 507 W. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Fritz

6. DATE OF BIRTH (month, day, year): March 14, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Straw Hat Maker 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): retired

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Valentine Fritz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Amelia Fritz
(Address): 507 W. Montgomery St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross M.G. Date: July 15 1933

19. UNDERTAKER: J. A. Kramer & Son
(Address): 703 Hanover St

20. FILED JUL 14 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933 to July 13, 1933

I last saw him alive on July 12, 1933 death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with valvular heart disease	about 10 yrs ago
acute cardiac decompensation	May 6, 1933
Other contributory causes of importance:	
atherosclerosis	10 yrs

Name of operation: none Date of

What test confirmed diagnosis? usual Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Kupp, M. D.

(Address) 3830 Edmondson Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92030

CERTIFICATE OF DEATH

V 124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Bobe

(a) Residence: No. 1320 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 7/33

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Joseph F. Bobe

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret E. Haitz

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 20 1933

19. UNDERTAKER Harry W. Ehlen

(Address) 1424 W. Pratt

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17 1933 to July 17 1933

I last saw him alive on July 17 1933 Death is said to have occurred on the date stated above, at 9:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1yr?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. Bryan M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B 1268-9

92031

HEALTH DEPARTMENT—CITY OF BALTIMORE

92031

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 3501

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Zobis (Gonis)

(a) Residence: No. 253 S. Caroline St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Zobis

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Angelo Zobis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT K. Gonis

(Address) 253 S Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7/17, 1933

19. UNDERTAKER Robert Burke & Son

(Address) Calhoun & Baltimore Sts

20. FILED JUL 14 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1933 to 7/14, 1933

I last saw him alive on 7/14, 1933 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Nephritis	2 Mo

Other contributory causes of importance:

Uremia	4 days
Bronchopneumonia	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fenton E. Lauer, M. D.

(Address) 719 Park Ave

Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92032 92032

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 715 W. Lombard St., 4-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Forrest B. Trumbell

(a) Residence: No. 715 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT U S Vet Bureau.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 9/15, 193

19. UNDERTAKER Robt Brooks & Son
(Address) Calhoun & Hoffman sts

20. FILED JUL 14 1933 Washington Hollicella, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 193

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92033

HEALTH DEPARTMENT—CITY OF BALTIMORE

92033

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Dorn St. 11-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Tilghman

(a) Residence: No. 442 St. Mary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1903 - Age 30

7. AGE — Years 30 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Tube Co.

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Mother

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Tilghman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Caroline Tilghman
(Address) 442 St Mary St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Albans Cem Date 7/15 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Gilmore & Hollins St

20. Filed ... 19... Registrar.

JUL 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw him alive on ... and he died, to the best of my knowledge and belief, on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Cortis	
Syphilis of Cortic Valve	
Complete occlusion of orifice of right Coronary Artery	
(Autopsy at Hopkins Hosp)	

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Gilmore M. D.
Coroner

(Address) Baltimore

M. D. B. 1268-9

Nora F Barnett ✓

E 92034 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 92-E 92034

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Clifton St., 15-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nora F Barnett (BARNETT)

(a) Residence: No. 3800 Clifton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	19	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta Me

FATHER

13. NAME Wreck Wm McKenney

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Nancy Shannon

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Mrs Clarence Fox
(Address) 3800 Clifton St

18. BURIAL, CREMATION, OR REMOVAL
Place Cheltenham Md Date 7/15/33

19. UNDERTAKER Wm. Coote
(Address) 517 N. Paul St.

FILED 1933 Huntington Williams M.D.

JUL 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1933

I last saw h alive on July 7 1933 Death is said to have occurred on the date stated above, at p m

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis 6 months

Date of onset
6 months

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. W. Funk Coroner M. D.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-19-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92035

CERTIFICATE OF DEATH

✓ -001

92 E 92035

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E Biddle ST. 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph F. Carroll

(a) RESIDENCE NO. 1815 E Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

Life

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Myrtle Carroll

6 DATE OF BIRTH (month, day, and year) 1/14/1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Draysman &

(b) General nature of industry, business, or establishment in which employed (or employer) Hauling

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Edward S Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Gittings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Myrtle Carroll

(Address) 1815 E Biddle St

15 Filed JUL 15 1933 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12-1933

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to July 12, 1933, that I last saw him alive on July 5, 1933 and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
Pulmonary Edema
2 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace W White Jr. M. D.

7/13, 1933 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	July 15th 1933
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92036

CERTIFICATE OF DEATH

E 92036

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Aiken St., 9-01 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Mc Gee

(a) Residence: No. 2118 Aiken St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Ida M Mc Gee

6. DATE OF BIRTH (month, day, year) Sept 22nd 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salto City

10. Date deceased last worked at this occupation (month and year) Feb 1933

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Lonaconing Md

FATHER

13. NAME Henry Mc Gee

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Ida M. Mc Gee

(Address) 2118 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 15 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 15 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11 1933, to July 13 1933

I last saw him alive on July 12 1933. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia?	?
Red Corp. 800000 Hb 30 %	
Insufficient time to study-	
Other contributory causes of importance:	
Nurses asthma	?

Name of operation None Date of .....

What test confirmed diagnosis? Exam of blood. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Gibson Porter M. D.

(Address) 4522 Roland Ave

E 92037

M. D. B. 1268-1

E 92037 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92037

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Marento

(a) Residence: No. 943 Pennsylvania Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Marento

6. DATE OF BIRTH (month, day, year) March 4th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Marento

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concetta Brizzi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date 7/17 1933

19. UNDERTAKER Wm Cook

(Address) 1219 Eastern Ave

20. FILED JUL 15 1933 Clinton Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/12 1933 to 7/12 1933

I last saw alive on 7/12 1933 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	2
Other contributory causes of importance: Urinary retention & Uraemia	3 days 2

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J H Gardner M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92038 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92038

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 E. Lanvale St., 8-01 Ward)

Length of residence in city or town where death occurred ~~5~~ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Sheckells

(a) Residence: No. 2236 E. Lanvale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Mrs Mattie Sheckells

6. DATE OF BIRTH (month, day, year) Aug 17 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 60.0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Adis. B Sheckells

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Mules

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mattie Sheckells
(Address) 2236 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date July 17 1933

19. UNDERTAKER Henry Hoeck Sons, Inc
(Address) 1301 E. Eager St

20. FILED ... 19... Registrar ...

JUL 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1933 to 7-10 1933

I last saw h.i.m. alive on 7-10 1933 Death is said to have occurred on the date stated above, at 10:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis and gall stones	2-3-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter C Lang M. D.

(Address) 2117 Belair Rd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92039

92039

23

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-61 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur M. Anderson

(a) Residence: No. 2602 Huntington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Udah D. Anderson

6. DATE OF BIRTH (month, day, year) July 19 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Specialty Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME S. Hemiman Anderson

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Anna Bosley

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Udah D. Anderson

(Address) 2602 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 17 1933

19. UNDERTAKER Robert F. Duke

(Address) 2-702 E. Lanvale St

FILED Huntington Williams, M.D.

JUL 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1933 to July 14th 1933

I last saw him alive on July 14th, 1933 Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Pulmonary Hemorrhage — 5-17-33 to 7-14-33

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. G. Aksomitis M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92040

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4420 Falls Road St. 27-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bertha Price

(a) Residence: No. 4420 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. E. Price

6. DATE OF BIRTH (month, day, year) July 24, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Eliz. Virginia Barrow
(Address) 4420 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/17, 1933

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights.

FILED JUL 15 1933 Huntington Price Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932 to July 14, 1933

I last saw h 24 alive on July 14, 1933 Death is said to have occurred on the date stated above, at 10½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension (Essential)	Unknown
Other contributory causes of importance:	
Cerebral Hemorrhage	7/14/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas R Goodbrand M. D.

(Address) 2923 St Paul St

Information should be carefully supplied. Age should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

92041 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 E 92041

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 14-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Rhembottom

(a) Residence: No. 5-93 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Fannie Rhembottom

6. DATE OF BIRTH (month, day, year) April 1872?

7. AGE: Years 60 | Months 3 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER

13. NAME Thomas Rhembottom

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Louisa Williams

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place White Rock Cemetery Date July 16, 1933

19. UNDERTAKER C. M. Watts (Address) Winfield, Md.

JUL 15 1933 Huntington Williams, Md.

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1933

22. I, HEREBY CERTIFY, That I attended deceased from April 11, 1933 to July 11, 1933

I last saw h[illegible] alive on July 11, 1933. Death is said to have occurred on the date stated above, at 8 1/2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic - Hypertensive Heart Disease	?
Lobar Pneumonia	1 wk

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. Rhembottom M. D.

(Address) Balt. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

M. D. B. 1268-9

92042 HEALTH DEPARTMENT—CITY OF BALTIMORE 92042

CERTIFICATE OF DEATH

66-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Linder White

(a) Residence: No. 446 Maryland Ave. St. ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 25 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac White

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Cecelia Lesley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 17 1933

19. UNDERTAKER Henry M. Fry Funeral Home
(Address) 1911 E. Eutaw St.

20. FILED ..... 19..... Registrar.

JUL 15 1933 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 1933 to July 14 1933

I last saw h... alive on July 14 1933 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma followed by Myocardial failure.	?

Other contributory causes of importance:

Name of operation Nephrectomy Date of 7/04/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) E. H. Compton Jr. M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 93043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 92043

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Walter Gregarek

(a) Residence: No. 1907 E. Pratt st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milwaukee
(State or country) Wisconsin

FATHER

13. NAME Stanley Gregarek

14. BIRTHPLACE (city or town) .....
(State or country) Poland

MOTHER

15. MAIDEN NAME Sophia Rycharski

16. BIRTHPLACE (city or town) .....
(State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 17 1933

19. UNDERTAKER Jno. Ozbyckski
(Address) 1960 Eastern Ave.

FILED ..... 19 .....
Registrar.

JUL 15 1933

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1933 to July 14, 1933

I last saw him alive on July 14, 1933 Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jas Ghrnold Jr M. D.

Address Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92044 HEALTH DEPARTMENT—CITY OF BALTIMORE

E-92044
93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 18-01 Ward)

Length of residence in city or town where death occurred 74 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles R Dorsey Jr.

(a) Residence: No. 931 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Harriett Dorsey

6. DATE OF BIRTH (month, day, year) April 20, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Charles R. Dorsey.

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Fannie Russell

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT (Address) Friends Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date July 15, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Bethesda St. Washington Terrace, N.Y.

20. FILED JUL 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to July 13, 1933

I last saw h.. alive on July 13, 1933 Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerotic Heart Disease	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) T P Magill M. D.

(Address) Balt. City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 92045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92045

CERTIFICATE OF DEATH

V 124-001

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore St. City Hosp. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caspar Gruska

(a) Residence: No. 912 S Linkwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Margaret Gruska

6. DATE OF BIRTH (month, day, year) Jan 2 1866?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea-man.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Gruska

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Gentzice

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date July 17, 1933

19. UNDERTAKER Lilly & Zuler Inc. (Address) 407 S. Wolfe St.

Huntington Williams, M.D. Registrar

JUL 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 33 to July 13 1933

I last saw him alive on July 13 1933 Death is said to have occurred on the date stated above, at 12 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagil M. D.

(Address) Balt City Hosp.

V 6 3

I. B. Write information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Bendena Riley

HEALTH DEPARTMENT—CITY OF BALTIMORE

92046 92046

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Bendena Riley

(a) Residence: No. 2210 Eastern Ave St., 2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Riley

6. DATE OF BIRTH (month, day, year) Aug 31 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife (a)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Valentina Schweiger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabet Donovan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs James Conroy (daughter)

(Address) 421 S Washington st

18. BURIAL, CREMATION, OR REMOVAL

Place Holt Sodeemer Date July 18 1933

Lilly + Zuke Inc

19. UNDERTAKER

(Address) 402 S. Wolfe St.

20. FILED JUL 15 1933 Huntington Park, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-11-33 19 to 7-14-33 19

I last saw h er alive on 7-14-33 19 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus	
Gangrene 3rd toe left foot	
2nd toe " " foot	7-1-33
Other contributory causes of importance:	
Cardio vascular renal disease	
Arterio sclerosis	
Bronchial Pneumonia - Terminal	7-12

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. P. Arrow Jr M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 92047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92047

87-001

1—PLACE OF DEATH

REGISTERED NO. 19-21

CITY OF BALTIMORE: (No. 1417 W Saratoga ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia Vaughn

(a) RESIDENCE NO. 1417 N. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Vaughn.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Penn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER mary Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robert Vaughn.

(Address) 1417 W. Saratoga St

15 Filed JUL 15 1933 19 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1933

17 I HEREBY CERTIFY, That I attended deceased from 7-1-33, 19, to 7-13-33, 19

that I last saw her alive on ", 19

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. N. Cardozo M. D.

19 (Address) 1524 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL July 17 1933

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1303 Pressman St

important. See instructions on back of certificates.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92048

CERTIFICATE OF DEATH

E 92048

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Edmonton Ave St., 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank L. Johnson

(a) Residence: No. 907 Edmonton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Johnson

6. DATE OF BIRTH (month, day, year) Nov 25th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Columbus, Ga.

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Columbus Ga.

MOTHER

15. MAIDEN NAME Julia Williams

16. BIRTHPLACE (city or town) (State or country) Columbus, Ga.

17. INFORMANT Gilbert Johnson
(Address) 907 Edmonton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date July 15, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED JUL 17 1933, 19... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933 to July 12, 1933

I last saw h... alive on July 11, 1933 death is said to have occurred on the date stated above, at 1.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation with oedema.	

Other contributory causes of importance:

Arteriosclerosis	
Myocarditis	

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. Lamar Lemmon M. D.

(Address) 4206 Harford Road

7/14/33

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 92049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134 V E 92049

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Teresa Kalter

(a) Residence: No. 621 S. Ann St. (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 5/27/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Julius Kalter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Sachs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Hebrew Date July 16, 1933

19. UNDERTAKER Harry Sondheim & Son (Address) 1902 Eastern Place

20. FILED JUL 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to July 14, 1933

I last saw her alive on July 14, 1933 Death is said to have occurred on the date stated above, at 5:28 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia due to:—	
(1) Pyonephrosis	
(2) Pyelonephritis	
Other contributory causes of importance:	
Pulmonary edema	

Name of operation None Date of .....

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 92050 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92050

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Eutaw Place St. 14-81 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances P. Rosensteel

(a) Residence: No. 1615 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George T. Rosensteel

6. DATE OF BIRTH (month, day, year) May 2, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1 2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry McCaffrey

14. BIRTHPLACE (city or town) (State or country) Chambersburg Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Garvey

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Walter Rosensteel
(Address) 3805 Hayward Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 7/17 1933

19. UNDERTAKER Henry U. Mears and Son
(Address) 805 N. Eutaw Street

FILED Huntington Williams M.D.

JUL 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 14 1933

I last saw h[illegible] alive on July 14 1933 Death is said to have occurred on the date stated above, at 2.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage Nephritis	1932
Arteriosclerosis	1930

Other contributory causes of importance:

Uremia	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert F. Rullman M. D.

(Address) 6 E. Read St.

Information should be entirely supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Thirsty

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92051

CERTIFICATE OF DEATH

E 92051

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 625 W Biddle St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Thirsty

(a) Residence: No. 625 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869 ?

7. AGE 64 Years	Months ?	Days ?	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louise Sampson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James M. Davis
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Mancock Co. Va Date 7/16 1933

19. UNDERTAKER Samuel T. Hemsley
(Address) 578 W Biddle St

[illegible]

JUL 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11 1933 to July 14 1933

I last saw h[illegible] alive on July 14 1933. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-vascular Disease	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. McCard M. D.

(Address) 2029 Druid Hill Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

2310

E 92052

E 92052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N. Payson St. 15-01 Ward)

Length of residence in city or town where death occurred yrs. 20 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Palakin

(a) Residence: No. 1614 N. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Palakin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Palakin

(Address) 3311 W. Rogers ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7-16-33 19

19. UNDERTAKER Jack Lewis Jr.

(Address) 1439 E. Lombard St

20. [illegible] Huntington Williams, M.D.

Registrar.

UL 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11 1933 to July 15 1933

I last saw him alive on July 10 1933 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arteriosclerosis	Chronic

Other contributory causes of importance:

Myocarditis	Chronic

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Nathan H. Curry M. D.

(Address) 2310 Eutaw Pl

Information asked for on this certificate is necessary, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92053

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paulina Klein

(a) Residence: No. 2217 Whittier Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruben Klein

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85 (Appx.)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Joseph Bass

(Address) 2217 Whittier Ave

18. BURIAL, CREMATION, OR REMOVAL 7-16-33

Hebrew Sinai Date ... 19

19. UNDERTAKER Jack Lewis Jr

(Address) 1439 E. Baltimore St

Huntington Williams, M.D.
Registrar.

20. FILED 7-16-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to July 15, 1933.

I last saw her alive on July 15, 1933. Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1923
Coronary Thrombosis	7-14-33

Other contributory causes of importance:

Diabetes Mellitus	1923
Chronic Nephritis	1923

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Max Hoffheimer, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. R. 1268-9

E 92054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No. 4900

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. William (Marjorie) Grindstead

(a) Residence: No. Charles Apartments St., Baltimore, Md. 3333 N Charles St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wade William Grindstead

6. DATE OF BIRTH (month, day, year) June 29, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME T. S. Hallmuth

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Agnes L Cooke

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs Ellen Wassell

(Address) Charles Apt.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lawn Date July 17, 1933

19. UNDERTAKER Stewart & Co

(Address) 6 E Preston

20. FILED JUL 18 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to July 15, 1933

Last saw her alive on July 15, 1933 Death is said to have occurred on the date stated above, at 5.53 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	July 33
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard France, M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92055 E 92055

CERTIFICATE OF DEATH

V 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Lanthony Parkway Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabel E. Taylor.

(a) Residence: No. 226 N Milton Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. J. Taylor.

6. DATE OF BIRTH (month, day, year) Mar. 30 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	3 -	- 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Gaggin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Wilkinson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. George Burger
(Address) Daughter 2815 N. Pkwy

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 17, 1933

19. UNDERTAKER Feilds & Zeiler Inc.
(Address) 433 S. Fremont st.

20. FILED Huntington Williams, Reg.
JUL 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1931 to July 14 1933

I last saw h[illegible] alive on July 14 1933. Death is said to have occurred on the date stated above, at 12.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	1931
Primary in L. breast	
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fritz J. Heuzer M. D.

(Address) 2100 Harford Ave

Information should be carefully supplied. NOT should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—8-16-29—L. F. S.—100 Bks.

Charles P Davis

92056

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92056

23

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1204 W Mulberry St

REGISTERED NO. 16201

CITY OF BALTIMORE: (No. Baltimore ST., or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME C. T. Davis

(a) RESIDENCE NO. 1204 W. Mulberry St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 30 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	25	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Savannah Georgia

PARENTS

10 NAME OF FATHER: James E. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Savannah U. S.

12 MAIDEN NAME OF MOTHER: Rebecca Hoyt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Savannah Georgia

14 Informant: James E Davis

(Address) 1204 W Mulberry st

15 Filed JUL 16 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/12/33

17 I HEREBY CERTIFY, That I attended deceased from 7/7/33, 19..., to 7/12, 33.

that I last saw h... alive on 7/12/33, 19...

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) ... yr. ... mo. ... ds.

CONTRIBUTORY (Secondary) (over one yr. about 7 mo)

(duration) ... yrs. 5 mo

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. F. Barksdale, M. D.

, 19 (Address) 524 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Lion Cemetery — DATE OF BURIAL: July 16 1933

20 UNDERTAKER: Joseph A Lively — ADDRESS: 709 W Mount St

L 16 1933

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92057

92057 E

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 W. Fayette St St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret T. Smith

(a) Residence: No. 1818 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew J. Smith

6. DATE OF BIRTH (month, day, year) Sept. 16, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John N. McCoy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline Bozell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Arthur M. Smith (son)
(Address) 1018 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 18, 33

19. UNDERTAKER F. Vernon Kelmer
(Address) 1532 Hollins St.

20. FILED Huntington Williams Registrar
JUL 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5 1933 to July 15 1933
I last saw h... alive on July 15, 1933. Death is said to have occurred on the date stated above, at 9.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	7
Arterio-Sclerosis	3
Other contributory causes of importance: Pulmonary Oedema	2 d

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) F. T. Norwood M. D.

(Address) 1939 W Fayette St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

2-7-4622 Surg

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92058

CERTIFICATE OF DEATH

E 92058

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 54 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME J. Warren Thompson

(a) Residence: (No. Homewood Apts St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Jane (same

6. DATE OF BIRTH (month, day, year) Aug. 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME J. W. Thompson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Miller

16. BIRTHPLACE (city or town) (State or country) Records

17. INFORMANT .....

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va Date 7/16, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED JUL 16 1933 Martin Van Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 16, 1933.

I last saw h.. alive on July 16, 1933 Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	June 1933

Other contributory causes of importance:

Bronchial pneumonia

Name of operation Release of adhesions Date of 7/10/33

What test confirmed diagnosis? Obstruction Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C D Jarvis M. D.

(Address) J. H. H.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92059

CERTIFICATE OF DEATH

V 208 E 92059

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen'l Hosp. (St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C. Sullivan

(a) Residence: No. 205 E Heath St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hazel

6. DATE OF BIRTH (month, day, year) Feb 4, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glass Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sundell Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Sullivan

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Silly Rehling

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Hazel Sullivan

(Address) 205 E Heath St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 17, 1933

19. UNDERTAKER Margaret A. Flynn

(Address) 1422 Light

20. FILED JUL 18 1933 Huntington Williams M.D. Registrar. #

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 . to . 19

I last saw h alive on injury, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	7/13/33
Other contributory causes of importance: automobile accident	7/13/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/13/1933

Where did injury occur? Hanover St Bridge in Brooklyn (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto he was driving

Nature of injury Struck a street car 7/13/33

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Toomy M. D. Coroner

(Address) 2203 E Madison St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr. Pirosh 1210 North Ave

32060

HEALTH DEPARTMENT—CITY OF BALTIMORE

32060

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Moreland Ave. 15-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mortimer Reif

(a) Residence: No. 1500 Moreland Ave St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced RUSBAND of (or ~~WIFE~~) Minna Reif

6. DATE OF BIRTH (month, day, year) May 3 1872

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
61	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Reif

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Bertha Kaiser

(Address) 1500 Moreland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 17 1933

Calvin F. Wippert

19. UNDERTAKER (Address) 1300 Pennsylvania Ave

Huntington Williams M.D.
Registrar

JUL 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1932 to July 14 1933

I last saw him alive on July 14 1933 Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	18 mos ago.
Other contributory causes of importance:	
acidosis of lung	1 day

Name of operation Prostatectomy Date of 1932

What test confirmed diagnosis? Microscopic autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..Date of Injury .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman Pirosh M. D.

(Address) 2202 W North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 92061

E 92061

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Bonner Rd) (Ward) 15-81

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pauline C. Obermann

(a) Residence: No. 4014 Bonner Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Philip C. Obermann

6. DATE OF BIRTH (month, day, year): Feb 14th 1858

7. AGE — Years: 75 | Months: 8 | Days: — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hessen Nassau

FATHER

13. NAME: Geo Pfeilgraff

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Magdalene Gentsch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: C. Obermann
(Address): 4014 Bonner Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: July 17 19 33

19. UNDERTAKER: F. B. Wehrmann & Son
(Address): 300 Eutaw Place

JUL 17 1933

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 19 33 to July 14 19 33

Last saw h/e alive on July 14 19 33 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Chronic valvular heart dis.	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emma De Lahue M. D.

(Address) 1228 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92062

CERTIFICATE OF DEATH

107 - E 92062

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Catherine St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude E. Schaub

(a) Residence: No. 203 S. Catherine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 28 - 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael V. Schaub
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Helen G. Eyssen
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Michael V. Schaub
(Address) 203 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Date July 18, 1933

19. UNDERTAKER F. B. Purkert & Son
(Address) 1300 Eutaw Place

JUL 17 1933

Huntington Williams Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1933 to July 16, 1933

I last saw her alive on July 16, 1933 Death is said to have occurred on the date stated above, at 1 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	7/8/33
Cause Unknown	

Other contributory causes of importance:

Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John C. Dunbar, M. D.

(Address) St. Agnes Hospital

GKG

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92063

E 92063

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1576 W Lanvale (Ward) 17

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet A. Carter

(a) Residence: No. 1576 W Lanvale Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mac Carter

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years 67 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co Md

FATHER

13. NAME Geo Turner

14. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER

15. MAIDEN NAME Amelia Auden

16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT Martha Carter

(Address) 1576 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Friendships Md Date July 18 1933

19. UNDERTAKER Joseph G Lukehart

(Address) 1692 Pennington Millsboro, Md

JUL 17 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Engueis Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributary causes of importance:

Name of operation Date of

What test confirmed diagnosis: Microscopical examination, autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

BRIEF CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of

M. D. B. 1268-9

Louis Baker

HEALTH DEPARTMENT—CITY OF BALTIMORE

92064 92064

CERTIFICATE OF DEATH

23 X

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. W Balto Hosp St., 16-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Baker colored

(a) Residence: No. 505-13½ St. S.E. Washington D. C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE Years 31 | Months | Days 00 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Isaac
14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER
15. MAIDEN NAME Lena Unk
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT [illegible]
(Address) 27 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Pk Date 7-17 1933

19. UNDERTAKER Jack Lewis Inc
(Address) 1429 E Balto St

FILED JUL 17 1933 19 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 7-16 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Pulmonary Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

M. D.
(Signed) Coroner
(Address)

STATE CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 92065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92065

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 E. Fayette Street St., 6-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Bernhardt

(a) Residence: No. 2934 E. Fayette Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary C. (Hilditch) Myers

6. DATE OF BIRTH (month, day, year) Feb. 18, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
55	4	26	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer & Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Bernhardt

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rebecca (Scott)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary C. Barnhardt
(Address) 2934 E. Fayette Street

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 17, 1933

19. UNDERTAKER Geare & Ruth Inc.
(Address) 733 Lexington Ave. Baltimore, Md.

JUL 17 1933 Lexington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to July 14, 1933

I last saw him alive on July 12, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary tuberculosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Ross Hurley M. D.

(Address) 2936 E Balto

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5 3

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92066

CERTIFICATE OF DEATH

X E 92066

35 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hanson

(a) Residence: No. La Plata Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colord	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 3-2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomonkey Charles Co Md

FATHER

13. NAME John Higgins

14. BIRTHPLACE (city or town) (State or country) Pomonkey Charles Co Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT H. G. Penn La Plata Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 18 1933

19. UNDERTAKER Henry A Penn
(Address) La Plata Md

FILED JUL 17 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12 1933 to July 16 1933

Last saw him alive on July 16 1933 Death is said to have occurred on the date stated above, at 2.05 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Cerebral Hemorrhage	
Acute retention of Urine	May 14
Bronchopneumonia	" 12
Probable Lobar consolidation	

Other contributory causes of importance:

Carcinoma of Prostate	
Pulmonary Edema	July 16
Cerebral Hemorrhage	" "

Name of operation Suprapubic Cystotomy Date of 5/12/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Thorn M. D.

(Address) Pomonkey Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92067

48

CERTIFICATE OF DEATH.

E 92067

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 N. Patterson Park Ave St. 8-67 (WARD)

2-FULL NAME Marian B. Green.

(a) RESIDENCE NO. 1817 N. Patterson Park Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James E Green

6 DATE OF BIRTH (month, day, and year) March 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER James League.

11 BIRTHPLACE OF FATHER (city or town) Balto Co Md (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Marguerite Green (Address) 1817 N. Patterson Park ave

Filed JUL 17 1933 Huntington Williams, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1933

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1933, to July 14, 1933,

that I last saw h.. alive on July 14, 1933,

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. F. Herzog M.D., M. D.

July 17, 1933 (Address) 1825 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 17, 1933

20 UNDERTAKER John A. Moran — ADDRESS 3009 E. Balto St.

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92068

E 92068

CERTIFICATE OF DEATH

73

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 16-01 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Purcell Billups

(a) Residence: No. 1114 Carson Ct. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mattie Billups

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Louis Billups

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: [illegible] 8½
Place: [illegible] Date: 19

19. UNDERTAKER: Lorenz E. Wright
(Address) Foot Comeldonia

JUL 17 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933 to July 15, 1933

I last saw him alive on July 15, 1933. Death is said to have occurred on the date stated above, at 11.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] Arnold Jr. M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. C. B. (2nd) E 92069

E 92069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Toone St St. 26-01 Ward)

Length of residence in city or town where death occurred 34 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Percy Irvin Jenkins

(a) Residence: No. 3410 Toone St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Nov. 27 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Jenkins

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rosa Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Robert Jenkins
(Address) 3410 Toone St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date July 18, 1933

19. UNDERTAKER George W. Zobler
(Address) 1737 E. Eager St

FILED JUL 17 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec-, 1931, to July 15, 1933

I last saw h.im alive on July 14-, 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Abram J. Glassman, M. D.

(Address) 3507 Fait Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92070 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92070

27486

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., ~~Lafayette~~ Ward) 1901

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Savage

(a) Residence: No. 1307 285 Fraser Rd. St., Mansdale Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah.

6. DATE OF BIRTH (month, day, year) 10/29/1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	-8	-16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Miles Savage

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lula Randolph

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Conn. Date July 17, 1933

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED ... 19... Registrar

JUL 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July-13, 1933, to July-15, 1933

I last saw him alive on July-15, 1933. Death is said to have occurred on the date stated above, at 3 15 A m.

The principal cause of death and related causes of importance were as follows: (Fatal)

	Date of onset
Pulmonary Hemorrhage #2	7/15/33
Pulmonary tuberculosis (Acute and Chronic)	Feb 1931
Pulmonary Hemorrhage #1	7/13/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? PM Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanton M Hardy M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

32071 L 32071

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 BOOTH St. 18-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LILLIAN MORSELL

(a) Residence: No. 940 BOOTH St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) FEBRUARY 18 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOSEPH JACKSON

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME MOLLIE MORSELL

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT MARTHA MORSELL

(Address) 940 BOOTH ST

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Baltimore County Date 7/17/ 1933

19. UNDERTAKER Walter B. Powers

(Address) 1417 W. Lemmon St. Baltimore Md.

FILED JUL 17 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-15-33, 19 to 7-15-33, 19

I last saw HER alive on JULY 15, 1933. Death is said to have occurred on the date stated above, at 7.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema and congestion	7-15

Other contributory causes of importance:

Patent foramen ovale

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. P. Rhoads, Jr. M. D.

(Address) Lenox county Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 92072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92072

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2749 W. North St. (or) ..... Ward)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 17 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Henry Pfetzing Sr

(a) Residence: No. 2749 W. North Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie G. Pfetzing

6. DATE OF BIRTH (month, day, year) Feb 28 1865

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
	68	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Philip Pfetzing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Koehler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Susie G. Pfetzing
(Address) 2749 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 18. 1933

19. UNDERTAKER Fos Foerderer & Son
(Address) 2172 E. Pratt St

JUL 17 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th . 1933 to July 15th . 1933
last saw h~~im~~alive on July 15th 33 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach -	

Other contributory causes of importance: Arteriosclerosis & Colon

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F Boyerly M. D.

(Address) 304 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 Body given to University of Maryland Dept. of Pathology

HEALTH DEPARTMENT—CITY OF BALTIMORE

92073

CERTIFICATE OF DEATH

157-004 E 92073

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Oppelt

(a) Residence: No. 3131 Eastern Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 3 min.
3 Minutes			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. A. Oppelt.

14. BIRTHPLACE (city or town) (State or country) Savannah Georgia

MOTHER

15. MAIDEN NAME Ida Lawson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hall Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dove of Peace Date 7/15/33

19. UNDERTAKER

(Address)

20. FILED Director of Public Welfare

HL 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to July 14, 1933

I last saw him alive on July 14, 1933 Death is said to have occurred on the date stated above, at 8:56 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Monstrosity	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ... M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92074 ✓ E 92074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. 21-(W) Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lonnie Adams

(a) Residence: No. 1007 E Eutaw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, year) May 1, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Danville Va

FATHER

13. NAME Willis Adams

14. BIRTHPLACE (city or town) (State or country) Danville Va

MOTHER

15. MAIDEN NAME Polly Robinson

16. BIRTHPLACE (city or town) (State or country) Danville Va

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place University of Md. Date July 17, 1933

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933 to July 12, 1933.

I last saw him alive on July 12, 1933 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism - chronic + acute	?
Delirium tremens	1 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. P. Magee M. D.

(Address) Balt. City Hosp.

Huntington Williams, M.D.

JUL 17 1933

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32075

92075

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Karhiers

(a) Residence: No. Barrington Rd Argyle Ave

(Usual place of abode) Ward St.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Marrd.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Karhiers

6. DATE OF BIRTH (month, day, year) 4/16/1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	X3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Peter Karhiers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jenny Kersnes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Date July 18 1933

19. UNDERTAKER Wm J. Tuckers Sons

(Address) J Mott & Co

JUL 17 1933

Registrar.

Arlington Funeral Home, Huntington Williams, N.D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1933 to 7/16 1933

I last saw him alive on 7/16 1933 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Luther E. Linke M. D.

(Address) 719 Park Ave

Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

92076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92076

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 529 Reisterstown (St.) 27-04 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Crawford Watson

(a) Residence: No. 529 Reisterstown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura Watson

6. DATE OF BIRTH (month, day, year) March 29 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	3	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 609

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James E. Watson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hammondtree

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Ray Watson
(Address) 529 Reisterstown

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 18, 1933

19. UNDERTAKER Wm. Gerald Fry
(Address) North & Pa. Ave.

20. FILED Huntington Williams, M.D.
(Registrar)

JUL 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/10/33 19 ... to 7/14/33 ...

I last saw h[illegible] alive on 7/14/33 . 19 . Death is said to have occurred on the date stated above, at 11.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio. Vascular	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Wm J Lorr M. D.

(Address) 2211 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

E 92077 A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92077

131

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10th Ward)

2-FULL NAME Hattie Parker

(a) RESIDENCE NO. 1200 Valley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Parker

6 DATE OF BIRTH (month, day, and year) 16 July 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
79			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Annapolis, Md.

PARENTS

10 NAME OF FATHER William Lellman

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Ellen Slipsey

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Sister Superior, Little Sisters of the Poor (200 Valley St.)

(Address)

Filed _____, 19 33 Huntington Williams, M.D.

171933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 17 July 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr 1931 to July 17, 1933, that I last saw her alive on July 16, 1933, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

Chr nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

15 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

July 18, 1933 (Address) 1114 Mc Donough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial July 18 1933

20 UNDERTAKER ADDRESS

Zella Deedfield 714 Fremont Ave

very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92078

CERTIFICATE OF DEATH

E 92078

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Washburn Ave St., Brooklyn Ward) 25 59

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara L Riker

(a) Residence: No. 401 Washburn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace S Riker

6. DATE OF BIRTH (month, day, year) Aug 16 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward H. Pannell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary A Benton

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Mr Edward H Pannell
(Address) 401 Washburn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 18 1933

19. UNDERTAKER John F Denny
(Address) W Light St

20. FILED Huntington Williams M.D. 7/17/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933 to July 16, 1933

I last saw him/her alive on July 16, 1933 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus Indefinite	
Other contributory causes of importance: Diabetic Coma	7/15/33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. F. Campbell M. D.

(Address) 1644 Harlem St 7/17/33

UL 17 1933

3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement, OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-31 250B

92079

HEALTH DEPARTMENT—CITY OF BALTIMORE

92079

CERTIFICATE OF DEATH

23 V

Registered No. 12-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

*1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Guilford Ave. St. ..... Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Arnold Lutman

(a) Residence: No. 2910 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa I. Lutman.

6. DATE OF BIRTH (month, day, year) May 25th. 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk .09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Lutman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Mellaney.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Teresa I. Lutman
(Address) 2910 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 18th. 1933

19. UNDERTAKER Chas. G. Sauerwein
(Address) 118 W. Mt. Royal Ave.

20. FILED JUL 17 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th. 33

22. I HEREBY CERTIFY, That I attended deceased from November 25 1932 to July 16 1933.
I last saw him alive on July 15 1933 death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia and Exhaustion	10 days.
Other contributory causes of importance: Pulmonary Tuberculosis	7 mos. 21 da

Name of operation None Date of

What test confirmed diagnosis? Path. microscop. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) William F. Howard M. D.
(Address) 1200 N. Caroline St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

92080

HEALTH DEPARTMENT—CITY OF BALTIMORE

92080

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Overland Ave. 8-81 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFETIME yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J. McClellan

(a) Residence: No. 2913 Overland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine L. McClelland

6. DATE OF BIRTH (month, day, year) May 22nd. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kirk & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John McClellan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Catherine L. McClellan
(Address) 2913 Overland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 18th. 33

19. UNDERTAKER Chas. F. Crane & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED JUL 17 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Possibly Coronary Thrombosis	

Other contributory causes of importance:
Undetermined

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Price Coroner M. D.

(Address) 5086 York Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Dr Deibel 1224 Hanover St Scott 0192

E 92081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92081

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 N. Appleton St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aurelia H. Reddish

(a) Residence: No. 1107 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John F. Reddish

6. DATE OF BIRTH (month, day, year) Nov 7th 1864

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME Alexander Malone

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Kathleen Toadvine

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT Gladys Lynch

(Address) 1107 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 18th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JUL 17 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th, 1933

22. I HEREBY ~~CERTIFY~~. That I attended ~~deceased~~ from March 30th, 1931 to July 15th, 1933

I last saw ~~her~~ alive on July 14th, 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Chronic atrophic cirrhosis of liver, chronic myocarditis.	Probably 3 years before death
Other contributory causes of importance: Bronchopneumonia (hypostatic)	7/6/33

Name of operation None Date of ...

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Deibel M. D.

7/16/33 (Address) 1204-26 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92082 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92082

CERTIFICATE OF DEATH

V93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Creighton Ave. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 56 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Constant Jeannerett

(a) Residence: No. 2603 Creighton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca R. Jeannerett

6. DATE OF BIRTH (month, day, year): May 20, 1869

7. AGE: Years 64 | Months 1 | Days 26 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Louis Jeannerett

14. BIRTHPLACE (city or town) (State or country): France

MOTHER

15. MAIDEN NAME: Mayence

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Rebecca Jeannerett 2603 Creighton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: July 19th 1933

19. UNDERTAKER: Wm Cook

(Address): 1217 Hanford St

20. FILED JUL 17 1933 Interstate Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to 7/16 1933

I last saw him alive on 7/16 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Infect.)	

Other contributory causes of importance: Cerebral Decompensation

Name of operation — Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Kyle W. Godley M. D.

(Address) 1703 Hanford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E-92083 HEALTH DEPARTMENT—CITY OF BALTIMORE E-92083

CERTIFICATE OF DEATH

117-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 S Gilmor St.) (Ward) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arnold L Norris

(a) Residence: No. 441 S Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie L Norris

6. DATE OF BIRTH (month, day, year) March 5, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 003

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John A Norris

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Meisl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elsie L Norris

(Address) 441 S Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Levans Date 7/19 19 33

19. UNDERTAKER Wm Cook

(Address) 1219 E Fort Ave

20. FILED 19

(Registrar)

JUL 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 1 19 33 to July 16 19 33

I last saw him alive on July 16 19 33. Death is said to have occurred on the date stated above, at 12:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of Stomach	7/1/32

Other contributory causes of importance:

Acute cardiac dilatation	7/15/33

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92084

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 18-01 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eunice Bernstein

(a) Residence: No. 1122 W. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 26, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) B. to Md.

FATHER

13. NAME Samuel Bernstein

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophie Turk

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Bernstein

(Address) 1122 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL. Place Rosedale Date 7-17-33 19

19. UNDERTAKER Geo. Lee Jr. 1939-41 E. Baltimore St.

(Address)

20. FILED JUL 17 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to July 17, 1933

I last saw her alive on July 17, 1933 Death is said to have occurred on the date stated above, at 2:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Pneumonia	July 3
Subarachnoid Hemorrhage of Brain	July 16

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Zachman M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92085

92085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V89-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Willard

(a) Residence: No. 22 Winter St., Ward.
(Usual place of abode) Hagerstown Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosella Willard

6. DATE OF BIRTH (month, day, year) Feb. 28, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.M.R.R.

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME William H. Willard

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Emma K. Moorehead

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Mrs. Rosella Willard
(Address) 22 Winter Street

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md. Date July 17, 33

19. UNDERTAKER Jos. H. Bell & Co.
(Address) 1003 E. Baltimore Street

20. FILED JUL 17 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-10-33, 19 ..... to 7-17-33, 19 .....

I last saw h~~as~~ alive on 7-17-33, 19 ..... Death is said to have occurred on the date stated above, at 3:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic N.Ty. nephritis, left	6 mos.
Mastoiditis, left	2 days
Thrombosis, Lateral Sinus, Lt.	?
Abscess, Temporal lobe, Lt.	?
Other contributory causes of importance:	
Mastoiditis, right	?
Meningitis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. J. Throneck, M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-8-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92086

92086

131

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10 Ward) Pov-01

2-FULL NAME Michael Dorsey

(a) RESIDENCE NO. Little Sisters of the Poor, 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane Mc Kamara

6 DATE OF BIRTH (month, day, and year): ?

7 AGE — Years: ? 67 — Months: — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9 BIRTHPLACE (city or town): _____

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Dorsey

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Mc

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country)

14 Informant: Sister Stanislaus, Sup.

(Address) 1200 - Valley St. Balt Md.

15 Filed ..... 19 Huntington Wilson Asst. Registrar

L 17 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 16 July 1933

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to July 16, 1933, that I last saw him alive on July 15, 1933, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr nephritis Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. Mc Parker, M. D.

7/17, 1933 (Address) 1114 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincents — Date of Burial: July 19 1933

20 UNDERTAKER: Rita Riedefeld — ADDRESS: 114 Fremont Ave

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

92087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92087

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 McCulloh ST. 13-01 WARD)

2-FULL NAME Alice A. Mason

(a) RESIDENCE NO. 2304 McCulloh ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas.

6 DATE OF BIRTH (month, day, and year) Aug. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Joseph Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Matilda Wade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Matilda Mason (Address) 2304 McCulloh

15 Filed July 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1933

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to July 14, 1933, that I last saw her alive on July 14, 1933, and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. Leland Hamilton M. D.

July 15, 1933 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lucketts, Va.

DATE OF BURIAL 7/18/1933

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1601 Druid Hill Ave

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

92088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92088

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Moses Fenebey

(a) Residence: No. 1029 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mattie Fenebey

6. DATE OF BIRTH (month, day, year) ? 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mattie Fenebey
(Address) 717 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 7/17/33 19

19. UNDERTAKER Mrs. George E. Lollar
(Address) 1031 David St. Hillcrest

20. FILED 7 17 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-24 1933 to 7-15 1933

I last saw h~~er~~ alive on 7-15 1933 Death is said to have occurred on the date stated above, at 8.14 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial-Pneumonia	7-2 33

Other contributory causes of importance:
Hypostatic Congestion
Tuberculosis Renal Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ...

(Signed) D. Harris, M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 7 7 1933

Spec.—2-29-28—L. F. S.—500 Bks.

92089

HEALTH DEPARTMENT—CITY OF BALTIMORE

92089

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5600 Jonquil Ave. St., 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Hall Porter

(a) RESIDENCE NO. 5600 Jonquil Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice I Porter

6 DATE OF BIRTH (month, day, and year) Nov 1, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor Builder

(b) General nature of industry, business, or establishment in which employed (or employer) Self 016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Samuel H Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura W Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alice I Porter

(Address) 5600 Jonquil Ave

15 Filed JUL 17 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to July 17, 1933

that I last saw him alive on July 12, 1933

and that death occurred, on the date stated above, at 6:30 m.

The CAUSE OF DEATH* was as follows:

Coronary sclerosis

(Angina Pectoris)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. signs & symptoms

(Signed) Gaston I. Baggott, M. D.

19 (Address) 2229 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 7/20 1933

20 UNDERTAKER W M Cook

ADDRESS 1217 Eutaw St

Important. See instructions on back of certificate.

JUL 17 1933

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 92090

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

92090

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2043 E. Biddle St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Roth

(a) Residence: No. 2043 E. Biddle St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of William A. Roth

6. DATE OF BIRTH (month, day, year) April 24* 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm A. Roth

(Address) 2043 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 18* 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15* 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to July 15 1933

I last saw her alive on July 8 1933 and she was known by me to be dead on July 15 1933 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma left breast — Date of onset 3/1932

Other contributory causes of importance:

Senile debility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George D. Lipsitz M. D.

(Address) 434 S. Patterson Park Ave

SEE CAUSE OF DEATH is very important. See instructions on back of certificate. Exact statement of OCCUPATION is necessary. Also that it may be properly classified.

M-B 3

JUL 19 1933

Hunterspoint Maryland

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92091 92091

CERTIFICATE OF DEATH

X 93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Barger

(a) Residence: No. Rockland, Howard County St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Catherine Barger

6. DATE OF BIRTH (month, day, year): Oct. 12 1842

7. AGE — Years: 90 92(?) Months: 9 Days: 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: Jacob Barger

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Harriet Small

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — Place: St Marys Date: 7-19 1933

19. UNDERTAKER (Address): Easton Sons Ellicott City

20. FILED: [illegible] Huntingtown Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-15 1933 to 7-16 1933

I last saw him alive on 7-16 1933 Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	?
Arteriosclerotic Cardio Vascular	?
Disease with Auricular Fibillation	?
Senility	?

Other contributory causes of importance:

Name of operation: clinical signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92092

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Croswhite

(a) Residence: No. Salem Virginia St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1903

7. AGE: Years: 30 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: A. C. Croswhite

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: A. C. Croswhite
(Address) Salem Virginia

18. BURIAL, CREMATION, OR REMOVAL
Place Salem Va Date July 17 1933

19. UNDERTAKER: John C. Mickey
(Address) 225 E. Oliver St.

Huntington West Virginia
Registrar

JUL 18 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.25 a m

The principal cause of death and related causes of importance were as follows:

Accidentally by - Railroad Train — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury July 15, 1933

Where did injury occur? B. & O. R.R. Yards
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Run over by R.R. Train.

Nature of Injury Crushed Left Leg

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. F. Kenyon M. D.
Coroner

(Address) Court House

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32093 — 146 E 32093

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Taylor

(a) Residence: No. 802 Bruce St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov. 6. 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margarete Cox

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Taylor (Address) 1310 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn cemetery Date July 18, 1933

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St

20. FILED . 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 6/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1933, to 6/15, 1933

I last saw her alive on 6/15, 1933 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis Terminal	
Eclamptic Convulsion	
Pulmonary Edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. W. Donluce, M. D.

(Address) University Hospital.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92094 92094

CERTIFICATE OF DEATH

Registered No. 13E

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2120 Penna Ave (Ward) 15-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Curry

(a) Residence: No. 2120 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE — Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Bruce

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md

MOTHER

15. MAIDEN NAME Virginia Boyd

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

17. INFORMANT Mrs Courtney
(Address) 2120 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemty Date July 19, 1933

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Preston St Huntington Pennsylvania

20. FILED JUL 18 1933 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Apoplexy — Date of onset 2 Months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.

(Address)

M. D. B. 1268-0

92095 E 92095

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-01 (Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME DeSales Speaks

(a) Residence: No. 922 Whatcoat st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Speaks

6. DATE OF BIRTH (month, day, year) Feb. 22, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Speaks

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susie Butler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date July 18 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED 19.. Huntington Williams, M.D.

UL 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29 1933 to July 15 1933

I last saw h. in alive on July 15 1933. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jas Gharold Jr M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 92096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92096

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Lyndhurst St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loretto Catherine Deakins

(a) Residence: No. 625 Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Albert Deakins

6. DATE OF BIRTH (month, day, year) September 14, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME John Francis Gates

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Ella R. Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Willard P. Deakins

(Address) 340 Gwynn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery, Washington, D.C. Date July 19 19 33

19. UNDERTAKER Joseph F. Cook

(Address) 1007 W. Baltimore St.

20. FILED 19 Baltimore, Md.

L 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 12 19 33 to July 16 19 33

I last saw her alive on July 15 19 33 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	July 12
Other contributory causes of importance:	
Arterio-sclerosis and Hypertension	for years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) Joseph H. Zierler M. D.

(Address) Medical Arts Building

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92097 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92097

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6009 Green Spring Ave. St., 27-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas B. Weston,

(a) Residence: No. 6009 Green Spring Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella S. Weston,

6. DATE OF BIRTH (month, day, year) December 16, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	7	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

FATHER

13. NAME John Weston,

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Drusilla Williams,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs George Smith

(Address) 6009 Green Spring Ave

18. BURIAL, CREMATION, OR REMOVAL JUL 18 1933

Place Mt Olivet Date 19

19. UNDERTAKER Robert S Sittler

(Address) 2700 Edmondson Ave

20. FILED JUL 18 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 16 1933 19

22. I HEREBY CERTIFY, That I attended deceased from April 10, 19 33 to July 15, 19 33

I last saw h.im alive on July 14, 19 33 Death is said to have occurred on the date stated above, at 5 1/2 22 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Metastatic sarcoma of left lung (from a sarcoma of unknown kind and more particularly)	12-1932
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer L Wood M. D.

(Address) 735 N. Fulton Ave

SEE CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

E 92098 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92098

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward 1801)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stellario Prevatasio

(a) Residence: No. None (Inmate Baltimore City Hospital) St., ... Ward. .....

(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 015

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/19/33 19 ..

19. UNDERTAKER Emory J. Ruth Inc

(Address) 1755 Mosher St Baltimore Md

FILED JUL 18 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-11-33, 19.., to 7-16-33, 19..

I last saw him alive on 7-16, 1933 Death is said to have occurred on the date stated above, at 5 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix with generalized peritonitis	7-11-33
Other contributory causes of importance: Terminal Bronchio-pneumonia	7-14-33

Name of operation appendectomy Date of 7-11-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luther E. Little M. D.

(Address) 719 Park Ave Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92099 E 92099

CERTIFICATE OF DEATH.

94-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Abbottston St. 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kampes

(a) RESIDENCE NO. 1709 Abbottston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ---- --- ---

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1874.

7 AGE Years	Months	Days	If LESS than 1 day, hours or min.
58	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) City Employee

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George Kampes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Auel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna Flayhart

(Address) 1709 Abbottston Street

15 Filed JUL 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1933

17 I HEREBY CERTIFY, That I attended deceased from June 3 1929 to July 15 1933.

That I last saw him alive on July 15 1933,

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insuffeency

(duration) 4 yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Examination

(Signed) Chas A. Extended M. D.

1933 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetary

DATE OF BURIAL July 18 1933

UNDERTAKER

ADDRESS 1735 Hanfy

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92100

CERTIFICATE OF DEATH

E 92100

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-01 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles M. Eckman

(a) Residence: No. 2608 E. Hoffman St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Eckman.

6. DATE OF BIRTH (month, day, year) July 12, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Harry Eckman

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Amanda Frezire

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Brother
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 7/19/33

19. UNDERTAKER Harry F. Weikel
(Address) 1101 Edmondson ave

20. FILED ... Huntington Mills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May ... 1933 to July ... 1933

I last saw deceased alive on July 15, 1933. Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	6 yrs.
Pericarditis	7 ds.
Uremia	3 ds.
Cerebral Hemorrhage	3 ds.

Other contributory causes of importance:

Secondary Anemia
Nephritic Pulmonitis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Symptoms & Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) W. E. Burns M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. 18 1933

M. D. B. 1268-9

Dove ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92101

CERTIFICATE OF DEATH

53 E 92101

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S. Gilmor St. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah E. Dove

(a) Residence: No. 123 S. Gilmor St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Dove

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Willie Gardiner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Willie B. Harris 123 S. Gilmor St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date July 19, 1933

19. UNDERTAKER Harry F. Weyforth

(Address) 2001 Edmondson Ave.

20. FILED JUL 18 1933 Huntington Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16— 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/22— 1933 to July 16— 1933

I last saw her alive on July 16 1933. Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	?
Uremic Myocarditis —	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Sounds Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓ ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) Hellis Hemming M. D.

7/17/33 (Address) 2000 Hollins St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 92102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92102

CERTIFICATE OF DEATH

X 127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 2 6-91 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Smith

(a) Residence: No. Lochville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Smith

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thomas Smith

(Address) 15[illegible] McCulloh

18. BURIAL, CREMATION, OR REMOVAL Pleasant Rest Cem Date 7/19 1933

19. UNDERTAKER Samuel T. Hemsley

(Address) 5[illegible] Pennsylvania Ave

Filed JUL 19 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from — 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 8:30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Chronic syphilis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Kreuzpointner M. D.
Coroner

(Address) 1305 Madison Ave

OCCUPATION is very important. See instructions on back of Certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13/E 92103

E 92103

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3584E. Baltimore St. St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August H. Bullman

(a) Residence: No. 3584 E. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie A. Bullman

6. DATE OF BIRTH (month, day, year) May 21, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2 1	2 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 01 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Bullman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. F. Schleider

(Address) 3307 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 18, 19

19. UNDERTAKER John Ulrich & Son

(Address) 2008 Eutaw

20. FILED 19 Huntington Williams Registrar

UL 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 15 1933

I last saw him alive on July 15 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Cerebral (Paralysis)	7/6/33
Other contributory causes of importance: Pernicious Vomiting Post Uretis (Intermittent)	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? # Date of injury , 19

Where did injury occur? # (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place #

Manner of injury #

Nature of injury #

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Schleider M. D.

(Address) 3307 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92104

92104

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Stricklond St. 20-0 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Fischer

(a) Residence: No. 3306 Stricklond St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Nov 9 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Fischer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louisa Stuctie

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hilda Fischer

(Address) 3306 Stricklond St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 7/19 19 33

19. UNDERTAKER 7th Cook

(Address) 1217 E Fay St

FILED JUL 18 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 33 to July 16 19 33

Last saw him alive on July 15 19 33. Death is said to have occurred on the date stated above, at 1.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis Chronic	
Cerebral Hemorrhage	

Other contributory causes of importance Pulmonary Edema

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert C Nitchie M. D.

(Address) 2157 Eutaw Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 92105 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 50 E 92105

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Sinai Hospital, Baltimore
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-(Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 38 yrs. mos. ds.

2. FULL NAME Lena FISHER Zukanfein

(a) Residence: No. 4210 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Boris Zukanfein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Zukanfein

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ida Ruby

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Shirley Zukanfein
(Address) 4210 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Northern Cem. Date 7-18- 1933

19. UNDERTAKER Ace Lewis Inc.
(Address) 1739 E. Baltimore St.

20. FILED JUL 18 1933 Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11 ..... 1933 to July 17 1933
I last saw her alive on July 17, ... 1933 Death is said to have occurred on the date stated above, at 11.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with metast. to bone	Sept. '32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical ..... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Roberts College ..... M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250B

B 92106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92106

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 S. Potomac St., 1st Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Roe Luber

(a) Residence: No. 628 S. Potomac St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) June 7 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer & Jr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family & Furniture Retailer

10. Date deceased last worked at this occupation (month and year) about 1930

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas F. Luber

14. BIRTHPLACE (city or town) (State or country) Laurel Maryland

MOTHER

15. MAIDEN NAME Grace Coulter

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Geo. Mathias
(Address) 3221 Kenyon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Date July 19 1933

19. UNDERTAKER J. Murphy Lally
(Address) 3539 Fallsway

20. [illegible] Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from about Feb 1, 1932 to July 17, 1933

I last saw him alive on July 16, 1933 death is said to have occurred on the date stated above, at 6.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contused wound right knee from gastric ulcers	July 6 1933
Other contributory causes of importance: periostitis of tibia	June 25 '33
acute arthritis	June 1 '33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. W. Wright, M. D.

(Address) 1014 S. Edward Ave.

JUL 18 1933

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

92107

CERTIFICATE OF DEATH

23 E 92107

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 700 Edmondson ave. St.) 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary C. R. Gray

(Residence in Baltimore: No. 700 Edmondson ave. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan. (Month) 6 (Day), 1908 (Year)

7 AGE: 20 yrs. 6 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9 BIRTHPLACE (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Nathan Gray

11 BIRTHPLACE OF FATHER (State or country): Lexington Ky

12 MAIDEN NAME OF MOTHER: Mary Richardson

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Richardson

(Address) 700 Edmondson ave

15 JUL 18 1933 Huntington W. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 15 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to July 15 1933

that I saw h[illegible] alive on July 14 1933

and that death occurred on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Tuberculosis

(Duration) yrs. 1 mos. ds.

(Signed) C. H. Hawkins M. D.

July 15, 1933 (Address) 712 N. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Zion

DATE OF BURIAL: July 18, 1933

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92108

E 92108

CERTIFICATE OF DEATH

62

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. St Joseph Hospital 2201 WARD)

2-FULL NAME Marie Schuessler

(a) RESIDENCE NO. 917 N Luzerne ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

X

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of Geo Schuessler.

6 DATE OF BIRTH (month, day, and year) Aug 9-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 37
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Edw. Ruegger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Geo. Schuessler.

(Address) 917 N Luzerne St

15 Filed JUL 18 1933 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 3 A.M. 19 33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) ? yrs. ? mos? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) J. H. Yates, M. D. Coroner

7/17/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL July 19

20 UNDERTAKER Geo M. Smith & Son — ADDRESS 811 W North Ave

CAUSE OF DEATH must be plainly written, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

E-92109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 92109

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-04 ..... Ward)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Stout

(a) Residence: No. 2404 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Frank M. Stout

6. DATE OF BIRTH (month, day, year) Sept 20/1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas J. J. Burton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma L. Danz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frank M. Stout (Address) 2404 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date July 18, 1933

19. UNDERTAKER Philip Hendrix Sons (Address) 2016 Orleans St

20. FILED JUL 18 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1933, 19... to July 15, 1933

I last saw her alive on July 15 1933 death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Fibroid of Uterus	?
Paralytic Ileus	7-12-33
Peritonitis	"

Other contributory causes of importance:

Name of operation Hysterectomy Date of 7-10-33

What test confirmed diagnosis? C.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M't. Currie M. D.
(Address) So. Balto. Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 92110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92110

CERTIFICATE OF DEATH

X V 137

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2738 West St., 7-06 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert A Allison Jr.

(a) Residence: No. 524 N. Pine St., ... Ward. Lebanon Grove Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Rosa

6. DATE OF BIRTH (month, day, year) 7/24/1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59 60	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. History Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Samuel M.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anna Schwartz

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Laurel Grove Pa Date July 20 1933

19. UNDERTAKER The H. Mervine Bare
(Address) 2065 McCulloh St Balto Md

Huntington Williams M.D.

JUL 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-7-1933 to 7-17-1933

I last saw h~~e~~ alive on 7-17-1933. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Benign Prostatic Hypertrophy	
Post operative infection with ascending urinary tract infection	7-6-33
Acute pyelonephritis	
Diverticuli of urinary bladder.	
Other contributory causes of importance:	
Lobular pneumonia.	7/16/33

Name of operation Perineal Prostatectomy Date of 7-5-33

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd T. Evans M. D.

(Address) 1908 N

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 92111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92111

CERTIFICATE OF DEATH

+ V 93-006

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301-E-University Pky. 12 Ward)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth? 72 yrs. 9 mos. 10 ds.

2. FULL NAME George Edward Caffee

(a) Residence: No. 301-E-University Pky St., 12 Ward. Hospital

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Albertina B. Caffee

6. DATE OF BIRTH (month, day, year) October 7 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Navigation

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation. Life.

12. BIRTHPLACE (city or town) (State or country) Hyde Co. North Carolina.

FATHER

13. NAME Jessie Caffee

14. BIRTHPLACE (city or town) (State or country) Hyde Co. North Carolina

MOTHER

15. MAIDEN NAME Orilla Caffee

16. BIRTHPLACE (city or town) (State or country) Hyde Co. North Carolina

17. INFORMANT Mr. Robt M. Caffee (son)

(Address) 301-E-University Pky

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 20 19 33

19. UNDERTAKER Herbert M. Smith Co.

(Address) 122 W. North Ave

Huntington Williams

FILED JUL 18 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-16 1933 to 6-12 1933

I last saw h[illegible] alive on 6-12 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	
Myocardial Insufficiency	Dec 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Dorsey M. D.

(Address) 129 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

Y 8 3

M. D. B. 1268-9

Health 0683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92112

CERTIFICATE OF DEATH V 178-004

E 92112

1. PLACE OF DEATH University Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Magdziarek

(a) Residence: No. 652 Portland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1910

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi cab Dr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg, Pa

FATHER

13. NAME Joe Wosilaivski

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Eva Bonkeviska

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Joe Wasilaivski
(Address) 652 Portland

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7-19-33 19

19. UNDERTAKER Chas. B. Kuchauska
(Address) 637 So. Paca St.

20. FILED ..... 19 ..... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 16, 1933

I last saw h.im alive on July 15, 1933 Death is said to have occurred on the date stated above, at 10:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	7/15/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/15/33

Where did injury occur? Baltimore, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Parking Space Garage

Manner of injury .....

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. P. Throop Jr. M. D.

(Address) University Hospital

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92113

E 92113

CERTIFICATE OF DEATH

Registered No. V 175

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Bailey

(a) Residence: No. 2 Rose Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie L. Bailey

6. DATE OF BIRTH (month, day, year) 6-27-1887

7. AGE Years 46 Months 0 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Litton Bailey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Mosher

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elizabeth Lange

(Address) 847 Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7-18-, 1933

19. UNDERTAKER Wm M. Johnson

(Address) 1300 Mydlgan Ave. Huntington, W. Va.

FILED JUL 18 1933, 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 to July 17, 19 33 that I last saw him alive on July 16, 19 33 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Intra Cranial Hemorrhage due to fractured Skull

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 10, 19 33

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Struck on head with a stone

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. E. Clark, M. D.
Coroner

(Address)

M. D. B. 1268-9

ME 92114

HEALTH DEPARTMENT—CITY OF BALTIMORE

92114

CERTIFICATE OF DEATH

V 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward) 16-81

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thelma Simmons

(a) Residence: No. 810 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct. 29 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist 0 9

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Amsterdam

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James Simmons

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Penhoff

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT James Simmons

(Address) 810 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 19 1933

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2002 Eastern ave

FILED JUL 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19... to ..., 19...

I last saw ... alive on inquiry, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	7, 13, 33
Other contributory causes of importance:	
Automobile Accident	7, 13, 33

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/13, 1933

Where did injury occur? Eastern Ave & Back River Neck Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto Accident

Manner of injury Auto in which she

Nature of injury was riding ran off road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2202 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92115

CERTIFICATE OF DEATH V 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 N.Calvert St. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Belle Cole Shefloe

(a) Residence: No. 2314 N.Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Shefloe

6. DATE OF BIRTH (month, day, year) Feby.10.1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis H.Cole

14. BIRTHPLACE (city or town) (State or country) Harford Co.Md.

MOTHER

15. MAIDEN NAME Tamzon W.Weatherby

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Joseph S. Shefloe
(Address) 2314 N.Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park, Date July.19.1933

19. UNDERTAKER John O. Mitchell & Bros
(Address) 1900 Eutaw Place

20. FILED JUL 19 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17.1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to July 17 1933.
I last saw h-er alive on July 17 1933. Death is said to have occurred on the date stated above, at 11.30P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 12
Other contributory causes of importance: Paralysis Agitans	25 yrs

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathaniel M. Beck M. D.

(Address) St.Paul & 23rd. Sts.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 92116 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92116

CERTIFICATE OF DEATH

V 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sydenham Hospital 9-01 St., ... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Elsie Knighton

(a) Residence: No. 1647 Chilton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 19, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William F Knighton Jr

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Roberta Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Elsie D. Knighton Mother
(Address) 1647 Chilton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemet Date July 15, 1933

19. UNDERTAKER Leo Means & Son
(Address) 205 N Eutaw St

20. FILED JUL 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933 to July 17, 1933

I last saw h[illegible] alive on July 17, 1933 at [illegible] m.

Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever — Date of onset July 12

with Myocarditis — July 17

Other contributory causes of importance:

Staph. Empyema — July 14

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92117 92117

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Sutton

(a) Residence: No. 1103 E. North Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 23, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	1 —	2555	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME William E. Sutton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother

(Address) ...

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date July 19 1933

19. UNDERTAKER H. H. Waddell & Co.

(Address) 2011 E. Baltimore St.

20. FILED JUL 18 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to July 18 1933

I last saw h[illegible] alive on July 15 1933. Death is said to have occurred on the date stated above, at 3.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2 mos
Other contributory causes of importance: Malnutrition	2 mos

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) J. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92118

HEALTH DEPARTMENT—CITY OF BALTIMORE

92118

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Druid Hill St., 14-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Brooks Masonder

(a) Residence: No. 1711 Druid Hill ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm.

6. DATE OF BIRTH (month, day, year) Aug 2 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Clayton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Wm. Magruder
(Address) 1711 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL. Place Ft. Auburn Date 7/19/33

19. UNDERTAKER Mrs. George F. Holland
(Address) 1631 Druid Hill ave

FILED JUL 18 1933 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 16 July 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1933 19.. to July 16 1933 19..
I last saw her alive on July 14 1933. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Other contributory causes (importance) Stroke Rheumatism	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H K Longnecker M. D.

(Address) 117 N Carey St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92119

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 30-01 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph O'Connell

(a) Residence: No. 2328 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, year): ?

7. AGE: Years: Prob? 60 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 089
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ?

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: July 19, 1933

19. UNDERTAKER: George A. Fuller
(Address) Fullerton and Hyde

20. FILED: 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933 to July 17, 1933
I last saw him alive on July 17, 1933 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Cerebral Hemorrhage	4 days

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel, M. D.
(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92120 ✓ E 92120

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gerald Gerber

(a) Residence: No. 1155 - 3rd St., Ward. Marietta Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/13/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Carlos Gerber

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Caroline Britton

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Marietta Ohio Date 7/15/33

19. UNDERTAKER Joseph Ahrens & Son

(Address) 224 Avery

20. FILED 18 Registrar.

18033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to July 18, 1933

I last saw him alive on July 18, 1933 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, acquired	9 mos ago
post meningococcus	

Other contributory causes of importance:

operation

Name of operation Cerebellar approach Date of 7-16

What test confirmed diagnosis Other Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Davenport M. D.

(Address) John Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92121

E 92121

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 1000 Wd)

2-FULL NAME Mathew Pariuski

(a) RESIDENCE NO. Little Sisters of the Poor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Salaman

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
90	11	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER John Pariuski

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Julania ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Stanislaus Supr.

(Address) 1200 - Valley St. city

15 Filed 19

181933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 16 July 1933

17

I HEREBY CERTIFY, That I attended deceased from Sept 1931 to July 16 1933,

that I last saw him alive on July 16 1933,

and that death occurred, on the date stated above, at 7:00 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Obs.

(Signed) L. J. McCarthy, M. D.

7/17, 1933 (Address) 1114 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Date of Burial July 20. 1933

20 UNDERTAKER Isola Weidefeld ADDRESS 914 Greenmount Ave

Spec.—12-6-25—A Co.—200 Bks.

E 92122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92122

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the St. 10-01 Ward)

2-FULL NAME Elizabeth Chillingworth

(a) RESIDENCE NO. 1300 - Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Chillingworth

6 DATE OF BIRTH (month, day, and year) 31 July 1860 or 61

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	11	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Boschell

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Maryann Lasalle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Stanislaus, Supr.

(Address) Little Sisters of the Poor 1300 Valley

15 Filed ... 19 ... Registrar

18 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 17 July 1933

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1933, to July 17th, 1933, that I last saw h.... alive on July 17th, 1933, and that death occurred, on the date stated above, at 8:20 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Obs. & Lab

(Signed) ... M. D.

7/18, 1933 (Address) 1114 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial July 19 1933

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Greenmount Ave

M. D. B. 1933

B 92123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92123

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winfield Bloodsworth

(a) Residence: No. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Bloodsworth

6. DATE OF BIRTH (month, day, year) April 10-1902

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	31	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Vernon Md

FATHER

13. NAME Winfield C. Bloodsworth

14. BIRTHPLACE (city or town) (State or country) Mt Vernon

MOTHER

15. MAIDEN NAME C. M Street

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT C. M Bloodsworth

(Address) Mt. Vernon

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne Date July 18 1933

19. UNDERTAKER John E. Miller

(Address) 2335 E. Biddle St

20. FILED ... 19... Registrar.

JUL 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933 19... to July 17, 1933 19... I last saw h[illegible] alive on July 17, 1933 19... Death is said to have occurred on the date stated above, at 4.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	1930
Other contributory causes of importance:	
Hypertension	1930
Uremia	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) L. R. Throop M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 92124

E 92124 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 129 E 92124

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris May Raab

(a) Residence: No. Joppa Road near Old Harford Rd., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 4, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Raab

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Florence Enge

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Park Wood Date July 20, 1933

19. UNDERTAKER Frederick Lazzaton Son
(Address) 7407 Belair Road

21. FILED JUL 19 1933 Huntington Woods Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1933 to 7-18, 1933

I last saw her alive on 7-18, 1933 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	2 wks
Peritonitis	1 wk.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + autopsy findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92125

E 92125

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Herkimer St. St. 25-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 28 yrs. ---- ds.

2. FULL NAME John Maziuraviz.

(a) Residence: No. 1307 Herkimer St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXXX Mary Maziuraviz.

6. DATE OF BIRTH (month, day, year) March 2, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania.

FATHER

13. NAME Justus Maziuraviz.

14. BIRTHPLACE (city or town) (State or country) Lithuania.

MOTHER

15. MAIDEN NAME Julia ----------

16. BIRTHPLACE (city or town) (State or country) Lithuania.

17. INFORMANT Mary Maziuraviz. (wife)
(Address) 1307 Herkimer St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 20 1933

19. UNDERTAKER John Grebliauckas
(Address) 423 S. Paca St.

20. JUL 19 1933 Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the coronary arteries.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sto M Reinhardt, M. D. Coroner

7/19/33 (Address) 1017 E. Charles St.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92126

CERTIFICATE OF DEATH

E 92126

92-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N. Eden St. 5-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Miller

(a) Residence: No. 620 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Miller

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hopkins Hospital

10. Date deceased last worked at this occupation (month and year) 7/15/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Samuel Corbin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jenkins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lucinda Linsford
(Address) 620N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date July 20, 1933

19. UNDERTAKER Robert H. Williams
(Address) 1618 Pennsylvania Ave

20. Date JUL 18 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5.30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis or Stenosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Price M. D.
Coroner

(Address) 508 E. Howard Ave

INSTRUCTIONS IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 92127 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92127

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Wiston St., 9-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Mary J. Tierney

(a) Residence: No. 1310 Wiston St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Tierney

6. DATE OF BIRTH (month, day, year) Dec. 23 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Crosdell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss. Elizabeth Tierney

(Address) 1310 Wiston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 20 1933

19. UNDERTAKER Martin Bolgiano Sons

(Address) 1627 W. North Ave.

20. FILED ... 19... Washington Williamsport, Md.

JUL 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23 1933 to July 17 1933

I last saw h[illegible] alive on July 15 1933 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Chr. Endocarditis — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) L. McCahan M. D.

(Address) 111 E. Hoffman

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92128 CERTIFICATE OF DEATH X 12 E 92128

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mo. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Minnie Tallman

(a) Residence: No. Owings Mills, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucius Tallman

6. DATE OF BIRTH (month, day, year) April 30 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Baltimore City
(State or country)

FATHER

13. NAME Wm Brooks

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Caroline Stuart

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Harold Tallman
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date 7/20, 1933

19. UNDERTAKER Frederick A. Cook
(Address) 1200 W. Lombard St.

20. FILED JUL 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to July 18, 1933

I last saw her alive on July 18, 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	2 mos
Hepatitis	2 mos

Other contributory causes of importance:

Myocarditis

Name of operation Cholecystotomy Date of 6-17-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harold Tallman M.D.

(Address) 1200 W. Lombard St.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92129

CERTIFICATE OF DEATH

E 92129

82-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospit St. 17-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W Farmer

(a) Residence: No. 1132 Sheilds Alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Farmer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Otis Plenty

(Address) 1402 argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va. Date July 19 1933

19. UNDERTAKER Mrs Katie R. Williams.

(Address) 322 N Schroeder St.

20. FILED [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to July 16 1933

I last saw him alive on July 16 1933 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Left hemiplegia	
1. Cerebral oedema	
2. " arteriosclerosis	
3. Thrombosis (Rt. Mid. cerebral artery)	

Other contributory causes of importance:
Pulmonary oedema

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. J. Ahroon M. D.

(Address) University Hospital

AACo. 5-11 250R

E 92130

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92130

CERTIFICATE OF DEATH

87-264

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 11-21 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Mary Gross

(a) Residence: No. 213 West Center St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Frederick Gross

6. DATE OF BIRTH (month, day, year) Apl 20. 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter Franz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Franz Fragesser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 20 1933

19. UNDERTAKER Wm J Tuckman's Son
(Address) North & Pa

FILED JUL 19 1933 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 st. 1933, to July 18th 1933

I last saw her alive on July 17th 1933 death is said to have occurred on the date stated above, at 2 30 pm

The principal cause of death and related causes of importance were as follows:

Hypertension, — Date of onset —

Other contributory causes of importance:

Arteriosclerosis,
Cerebral Hemorrhage -
Left hemiplegia

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Hundley M. D.

(Address) St. Agnes Hospital.

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 92131 — E 92131 — 42-001 — Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 Fallsroad St. 13-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

2. FULL NAME Mary Ruth Grove

(a) Residence: No. 4022 Falls Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Isaac Grove
6. DATE OF BIRTH (month, day, year): Nov 3-1865
7. AGE: Years 67 Months 8 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Michaels Md

MOTHER
13. NAME: Lizzy Murphy
14. BIRTHPLACE (city or town) (State or country): Md —

FATHER
15. MAIDEN NAME: Amer Turkey
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs Grace Harris 2 Paddington Road

18. BURIAL, CREMATION, OR REMOVAL. Place Irvington Date July 20 1933 Undertaker Inc

19. UNDERTAKER (Address): [illegible]

20. FILED JUL 19 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933 to July 17, 1933
I last saw her alive on July 17, 1933 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Nephritis	
Other contributory causes of importance:	
Exhaustion	2 days

Name of operation None Date of
What test confirmed diagnosis None (Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

7/19/33 (Signed) R. L. Wagner M. D.
(Address) 1644 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92132 (82 E 92132) Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Tucker Road St. 15-01 (Ward)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie E Brooks

(a) Residence: No. 3227 Tucker Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Howard Brooks

6. DATE OF BIRTH (month, day, year) March 18 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	5	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Stephen Bryant

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Wm H Brooks

(Address) 3227 Tucker Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 19 1933

19. UNDERTAKER Upton Funeral Service

(Address) North Avenue

20. FILED JUL 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from 1925 to July 17 1933

I last saw her alive on July 16 1933. Death is said to have occurred on the date stated above, at 11.37 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension	1925
Other contributory causes of importance: Cerebral Hemorrhage	July 5

Name of operation Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Stewart M Brooks M. D.

(Address) 1435 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92133

CERTIFICATE OF DEATH

E 92133
92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 S Rose St St., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H Smith

(a) Residence: No. 608 S Rose St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31st 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39 40	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ore
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John Henry Smith
14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Alvina Zander
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Alvina Smith
(Address) 608 S Rose st

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Cem Date July 18 1933

19. UNDERTAKER John [illegible]
(Address) 8005 Ave [illegible]

20. FILED JUL 19 1933 [illegible] Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18. 1933 to July 16 1933
I last saw him alive on July 16 1933. Death is said to have occurred on the date stated above, at 7.15 pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	2 yrs

Other contributory causes of importance:

Name of operation — Date of ?
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ? 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A. Schaefer M. D.
(Address) 2907 Echodale Av

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

E 92134 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda Kasoff or Kasofsky Kasoff (KASOFF OR KASOFSKY)

(a) Residence: No. 2234 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Max Kasoff

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Albert Kasoff (son)
(Address) 2234 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 7-14-33

19. UNDERTAKER Isaac Levin Inc.
(Address) 1733 E. Balto St.

20. FILED 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3.30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Pelvis	
" Firearms	
Probable Frac of Skull	7-18

Other contributory causes of importance:
Mental Depression (in hosp since Jul 3/33

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury , 19

Where did injury occur? Sinai Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Jumped from 3 rd story window

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. H. Callum, Coroner, M. D.

(Address) 5086 Ironia

E 92135

Spec. 12-33 R.S.—400 Bks.

E 92135

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1423 N. Bruce St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Johnson

(a) Residence No. 1423 N. Bruce St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Johnson

6-DATE OF BIRTH (month, day and year): Unknown

7-AGE: 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer): 073

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Lynchburg N. C.

PARENTS.

10-NAME OF FATHER: Andrew Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Lynchburg, N. C.

12-MAIDEN NAME OF MOTHER: Jane —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Lynchburg N. C.

11- (Informant) Grace Johnson

(Address) 1423 N. Bruce St.

15- Filed JUL 19 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 17, 1933

I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 15, 1933

that I last saw him alive on July 15, 1933

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? History and Examination

(Signed) John D. Quinn, M. D.

(Address) 1501 N. Fulton Ave. July 17 1933

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: 7-19 1933

UNDERTAKER: Leon Forbes

ADDRESS 916 Pa Ave

Instructions on back of certificates.

M. D. B. 1268-9

E 92136

E 92136 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Green

(a) Residence: No. 1117 N. Fulton Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert Green

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) July 16

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robt. Green
(Address) 1117 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-17, 1933

19. UNDERTAKER David Farkas
(Address) Huntington Ave & Hillsdale Rd

20. FILED JUL 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Few hours	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. J. Smith, M. D. Coroner

(Address) Coroner

M. D. B. 1268-9

E 92137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92137

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Low St ..... St., 5-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth?..yrs. ..mos. ..ds.

2. FULL NAME Wm Bassett

(a) Residence: No. 1142 Low St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Bassett

6. DATE OF BIRTH (month, day, year) Sep 9/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Battery Park, Va

FATHER

13. NAME Harry Bassett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ada --------

16. BIRTHPLACE (city or town) (State or country) Battery Park, Va

17. INFORMANT Mary Bassett
(Address) 1142 Low St

18. BURIAL, CREMATION, OR REMOVAL Ashury Lawn.
Place [redacted] Date July 19 1933

19. UNDERTAKER J. G. Sacks
(Address) 1142 Low St

20. FILED JUL 19 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 15/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulm. Tuberculosis — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autop... no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [redacted] M. D.
Coroner

(Address) 508 E Monument

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92138 92138

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH Pronounced Dead at the

CITY OF BALTIMORE: (No. Franklin Square Hospital 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ursula Roney.

(a) Residence: No. 1720 Linden Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Stephen Roney.

6. DATE OF BIRTH (month, day, year) January 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Fellermeier.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Martz.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Caroline Fellermeier (sister)

(Address) 1720 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/20/33 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED JUL 19 1933 Huntington Williams M.D. 7/18/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Reinhardt Coroner M. D.

(Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92139 — 82 001 — 82 E 92139

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 N Patterson Pk Ave St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Swarz

(a) Residence: No. 239 N Patterson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Swarz

6. DATE OF BIRTH (month, day, year) June 8 1 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Frank Swarz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Louise Swarz

(Address) 239 N Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer (Date) July 20 1933

19. UNDERTAKER Frank Cook Son

(Address) Baltimore Md

Huntington Williams Jr

26. FILED JUL 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11 1933 to July 17 1933

I last saw him alive on July 16, 1933. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	16th

Other contributory causes of importance:

Chronic Nephritis	1yr

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Gray M. D.

(Address) 627 N. Eutaw

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

92140

HEALTH DEPARTMENT—CITY OF BALTIMORE

92140

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH South Baltimore General Hospital Registered No.
CITY OF BALTIMORE: (No. 22-01 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Zelenka

(a) Residence: No. 833 N. Covington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Albert Zelenka

6. DATE OF BIRTH (month, day, year) March 15, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) June, 1933

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Schecko - Slovakia

FATHER

13. NAME McCarthey

14. BIRTHPLACE (city or town) (State or country) Schecko - Slovakia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Anna Bourek
(Address) 815 N. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 22, 1933

19. UNDERTAKER Frank Grobleski
(Address) 1946 Eastern ave

20. FILED JUL 19 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to July 18, 1933
I last saw her alive on July 18, 1933 death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach.	?
Secondary anemia	?
Broncho pneumonia	7/14/33

Other contributory causes of importance:

arteriosclerosis	?

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. McCarthey M. D.
(Address) Co. Balto Gen. Hosp.

M. D. B. 1268-9

E 92141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92141

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Edlrey St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Mc Kay.

(a) Residence: No. 2011 Edlrey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced - (write the word)
Male.	White.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Mc Kay

6. DATE OF BIRTH (month, day, year) April 19. 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Standard Oil Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Filling Station

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 186

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Thos. Mc Kay.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Mary Mc Kay (Address) 2011 Edlrey St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 7-22. 1933

19. UNDERTAKER Bernard C Hayden (Address) 1000 E Paca St

20. FILED JUL 19 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17 1933 to July 18 1933

I last saw him alive on June 15 1933 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis	6 mos duration
Other contributory causes of importance: Diabetes abscess of Left Lung.	6 days.

Name of operation No Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify No

(Signed) R O Adams M. D.

(Address) 2708 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

E 92142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92142

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Aged Men Home

CITY OF BALTIMORE: (No. 1400 W Lexington St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Talbot

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joshua Lee Talbot

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie Bosley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Forestal

(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Lutheran Cemetery Date July 19, 1933

19. UNDERTAKER George J. Smith

(Address) 1532 Holland St

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933 to July 18, 1933

I last saw him alive on July 15, 1933 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset
1 day
6 hrs ago
7/18/33

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward B. Jarrett M. D.

(Address) 1145 St. Paul St.

JUL 19

OCCUPATION is very important. See instructions on back of certificate.

E 92143

M. D. B. 1268-9

92143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. ..... BALTIMORE, MD. ..... St. 26-41 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Kelley

(a) Residence: No. 4219 Sanner Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): July 21, 1927

7. AGE: Years: 5 (Six years) Months: 11. Days: 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: George W. Kelley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary E. Daffell

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT: Mr. George W. Kelley
(Address) 4219 Sanner Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: July 20, 1933

19. UNDERTAKER: John F. Mraz
(Address) 5000 E. Baltimore St.

20. FILED: JUL 19 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to July 17, 1933

I last saw her alive on July 17, 1933 Death is said to have occurred on the date stated above, at 11 50 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Hemorrhage	July 17, 33

Other contributory causes of importance:

Broncho-Pneumonia with Empyema.	
Thoracotomy	June 10, 1933
Name of operation Thoracotomy	July 2, 1933

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

No

(Signed) S. W. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No. 32144

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No.) St., 16-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Geesner
(a) Residence: No. 3607 Mt Pleasant Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Geesner

6. DATE OF BIRTH (month, day, year) 10/24/1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME David Leader
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Elizabeth Goodwin
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 20 1933

19. UNDERTAKER Philip Herdrich Sons
(Address) 2016 Eutaw St.

20. FILED 19 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to July 17, 1933.
I last saw her alive on July 17, 1933 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral accident	7-6-33
2 Intermittent Thrombosis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 7-12-33
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. B. Hurd M. D.
(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E-92145

93-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92145 E 92145 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Glenguyle Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anne Eliza Shipley

(a) Residence: No. 3602 Glenguyle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 24 1847

7. AGE: Years 85 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Chas G Shipley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rachel Morris

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Gertrude L B Shipley

(Address) 3602 Glenguyle Ave

18. BURIAL, CREMATION OR REMOVAL

Place: Stone Chapel Date: July 20, 1933

19. UNDERTAKER: Horace G Blundon

(Address) 3631 Falls Road

20. FILED JUL 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to July 18, 1933

I last saw her alive on June 17, 1933 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset ?

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. E. Nichols M. D.

(Address) Pikesville Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

2146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92146

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. .... mos. .... da. How long in U. S. if of foreign birth? .... yrs. .... mos. .... da.

2. FULL NAME Irae Grant

(a) Residence: No. 2721 St Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): ~~Widowed~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, year): Aug. 23, 1874

7. AGE: Years: 58 | Months: 10 | Days: 25 | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maine

FATHER

13. NAME: Andrew Grant

14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER

15. MAIDEN NAME: Lydia Knowles

16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMANT (Address): Friends Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: Hampden Highlands Date: July 21, 1933

19. UNDERTAKER: I. Frew McCully Maine

(Address): 130 E. Fort Ave

20. FILED: 7-22-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933 to July 18, 1933

I last saw h[illegible] alive on July 18, 1933 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanosis, Liver Tumor	?
Nephritis, Chronic	?

Other contributory causes of importance:

Tabes Dorsalis	?

Name of operation ..... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. P. Magill M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. S. 1268-9

E 92147 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92147

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-06 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alma Felix

(a) Residence: No. 2227 Oak st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Felix

6. DATE OF BIRTH (month, day, year) May 23, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown | 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Roanoke Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date July 19 1933

19. UNDERTAKER .....
(Address) .....

20. [illegible] [illegible]

JUL 19 1933
0649

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from February 20 1933 to July 16 1933

I last saw her alive on July 16 1933. Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jos Thomas Jr M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92148 E 92148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92148 45 M Lung. X 54 V 004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1001 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Beckerman

(a) Residence: No. Wayland Ave St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Nov. 24 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37 38	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hair factory

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 8 mos

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Bertha Neer

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Wayland - NY Date 7/19/33

19. UNDERTAKER John C. Mitchell
(Address) Undertaking Parlors Huntington Wilkinson Pres

191933 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-15-1933 to 7-19-1933

I last saw h[illegible] alive on 7-19-1933. Death is said to have occurred on the date stated above, at 2.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, multiple,	
for Resulting hemiplegia duration	12 years
	week
Other contributory causes of importance:	
Operation	7-19

Name of operation Cerebellum approach Date of 7-19

What test confirmed diagnosis? Other Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....

(Signed) M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 92149

HEALTH DEPARTMENT—CITY OF BALTIMORE

92149

CERTIFICATE OF DEATH

108V

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hosp St., 76-01 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H Hyatt

(a) Residence No. Balt City Dep't Ken Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of [not WIFE of] Lelia Hyatt

6. DATE OF BIRTH (month, day, year) April 9, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden N. J.

FATHER

13. NAME Wm D. Hyatt

14. BIRTHPLACE (city or town) (State or country) Cayuga N. Y.

MOTHER

15. MAIDEN NAME Annie E. Lyons

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Records Balt. City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loretto Cem Date 7/20 1933

19. UNDERTAKER Wm Cook 1277 E Paul St
(Address)

20. FILED 7/21/33 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to July 18 1933

Last saw him alive on July 18 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 wks
Other contributory causes of importance:	
Cystitis	?
Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T Pharaoh M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

Schaefer

92150

HEALTH DEPARTMENT—CITY OF BALTIMORE

92150

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Schroeps

(a) Residence: No. 152 N. Hare St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Golda Schroeps

6. DATE OF BIRTH (month, day, year) 6/18/1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice 086

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Schroeps

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Caroline Nicholas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jacob Schaefer

(Address) 152 N Hare St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 21st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar, M. D.

JUL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/16/33 19 to 7/18 1933

I last saw him alive on 7/18 1933 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

Purpuric gastritis Date of onset 3 days ago

Other contributory causes of importance: Generalized Peritonitis 3 days ago

Name of operation Closure of ulcer Date of 7/17/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther F. Leas M. D.

(Address) 719 Park Ave Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

92151.

✓ E 92151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 N Milton Ave 8-01 St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Warren Dobbs

(a) Residence: No. 1431 N Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie E Dobbs

6. DATE OF BIRTH (month, day, year) June 11 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry 5.0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William F Dobbs

14. BIRTHPLACE (city or town) (State or country) Johnsons Va

MOTHER

15. MAIDEN NAME Permelia Coe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Sadie E Dobbs

(Address) 1431 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Troy Date July 21st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16 1933 to July 18 1933

I last saw h alive on July 17 1933 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	7.
Other contributory causes of importance:	
Influenza Chron Bronchitis	7.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Brumard M. D.

(Address) 1 W Read Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 92152

E 92152 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2867 Philadelphia Ave 6-01 St., ... Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Lowe

(a) Residence: No. 2867 Philadelphia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William F. Lowe

6. DATE OF BIRTH (month, day, year) Dec 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Storber
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME K. Bauer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William F. Lowe
(Address) 2867 Phila. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date July 20 1933

19. UNDERTAKER Geo. C. Miller & Sons
(Address) 2435 E. Oliver St

20. FILED ... Registrar

DL 19,333

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 17 1933
last saw h[illegible] alive on July 17 1933 death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	July
Hyperpyrexia	
Cerebral Hemorrhage	

Other contributory causes of importance:

Acute Appendicitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ..... M. D.

(Address) 2001 Eutaw Pl

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92153

CERTIFICATE OF DEATH.

160 E 92153

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No 2025 W Fayette St. St. 16-21 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Keklan

(a) RESIDENCE NO. 1413 Longwood St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17 1933

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
			2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Francis J Keklan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland
12 MAIDEN NAME OF MOTHER Rhoda Lauter
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Bon Secours Hospital Baltimore Md.

15 Filed JUL 20 1933 Huntington, Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1933

17
I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to July 19, 1933
that I last saw him alive on July 19, 1933
and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:
Sub Mucosal Hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy Findings

(Signed) Leo L. Kuklaski M. D.
19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 7/20 19 33

20 UNDERTAKER Boarman & Son — ADDRESS 1154 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92154

CERTIFICATE OF DEATH.

93-004 E 92154

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1724 N. Caroline St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Kuhst

(a) RESIDENCE NO. 1724 N. Caroline St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman G. Kuhst

6 DATE OF BIRTH (month, day, and year)
July 4, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	79	-	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Leonard Lang

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Wurtenberg, Germany

12 MAIDEN NAME OF MOTHER Christine ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Albert F. Koke

(Address) 34 Hall Ave.

Filed JUL 20 1933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1933 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.
(Coroner)

7/19/33 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the state ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

Date of Burial July 21 1933

20 UNDERTAKER [signature]

ADDRESS 1003 West Baltimore St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92155 ✓ B 92155

CERTIFICATE OF DEATH

26-01 122-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Lingelbach

(a) Residence: No. 4206 Parkmont Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Nov. 25, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 083

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Lingelbach

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna M. Malkus

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William Lingelbach
(Address) 4206 Parkmont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date July 22, 1933

19. UNDERTAKER Fuhr Lansdale & Son
(Address) 7401 Belair Road

FILED JUL 20 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5.15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-Toxemia Intestinal Obstruction due to old post operative adhesions. (Operation 15 yrs ago)	

Other contributory causes of importance:

Name of operation Abd sectin -release of bowel Date of operation 7/19/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Allen, M. D.
Coroner

(Address) 558 E Fayette

M. D. B. 1268-9

Dr Austin F. Robinson Med Arts ✓ E-92156

E 92156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

B 92156

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Dumbarton Ave. 9-01 Ward)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Greve

(a) Residence: No. 610 Dumbarton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Louis Greve

6. DATE OF BIRTH (month, day, year) July 2nd 1846

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Amos

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eliza Hunter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Fitzgerald

(Address) 610 Dumbarton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place David Rodgers Date 7/22/33

19. UNDERTAKER

(Address) 2175 E Fort Ave

20. FILED JUL 26 1933 Huntington Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to July 19, 1933

I last saw her alive on July 19, 1933. Death is said to have occurred on the date stated above, at 7:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	July 17/33

Other contributory causes of importance:

General Arteriosclerosis
Myocardial Insufficiency

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Robinson M. D.

(Address) Medical Arts Bldg.

Spec—9-30—A & Co.—250 Blks

Dr Bouchelle 2104 St Paul St Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92157
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

82-E 92157
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 113 E. 24th St 12-01 WARD)

2 FULL NAME Rachel Evans

(a) RESIDENCE NO. 113 E. 24th St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23rd 1874

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home Md

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Chas. D. Evans

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Rosa M. Robertson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Phila Pa

14 Informant Miss Sarah Evans
(Address) 113 E. 24th St

15 Filed JUL 20 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18th 1933

17
I HEREBY CERTIFY, That I attended deceased from May 13, 1933, to July 18, 1933
that I last saw her alive on July 18, 1933
and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis of Right side

(Signed) E. T. Bouchelle M. D.

7-20 1933 (Address) 2104 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 7/20 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 E Lord

M. D. B. 1261-B

Dr Tommy 414 E North Ave

E 92158 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92158

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 E 20th St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hall Nichols

(a) Residence: No. 216 E 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alonzo Nichols

6. DATE OF BIRTH (month, day, year): Oct 14, 1844

7. AGE: Years 88 | Months 7 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hanover Pa

FATHER

13. NAME: Capt. John B. Hall

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mary Nicholson

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Sallie H. Hall

(Address) 216 E 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: July 21, 1933

19. UNDERTAKER: H. C. Cook

(Address) 1111 St Paul St

20. FILED: JUL 22 1933 By: Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933 to July 18, 1933

I last saw her alive on July 13, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Gout Chronic	years
Other contributory causes of importance: Heart failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... specify .....

(Signed) Reginald J. Tommy M. D.

(Address) 414 E North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92159

E 92159

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Boyd St. 20-01 St. Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Wiesenicke

(a) Residence: No. 2528 Boyd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Wiesenicke

6. DATE OF BIRTH (month, day, year) Apr. 24, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Berlin
(State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Gustav Schmidt
(Address) 1910 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date 7/20/33 19...

19. UNDERTAKER Henry H. Wittle
(Address) 4101 Edmondson Ave.

19... Huntington Williams Reg. Ass't Registrar.

JUL 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to July 18 19 33

I last saw h.. alive on July 17, 1933 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Generalized arteriosclerosis	6 mos.
Chronic hypostatic pneumonia	3 days

Other contributory causes of importanre: Chronic Nephritis

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Michel M. D.

(Address) 2401 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92160

HEALTH DEPARTMENT—CITY OF BALTIMORE E 92160

E 92160

CERTIFICATE OF DEATH

X 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Glen Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? 0 yrs. 2 mos. 6 ds.

2. FULL NAME Peggy Elaine Comegys

(a) Residence: No. 3303 Glen Ave St., Ward. Finksburg Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May-13-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Westminster Md

FATHER

13. NAME: Thornton Comegys

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Ruth Wagley

16. BIRTHPLACE (city or town) (State or country): Westminster Md.

17. INFORMANT: Mrs. Ruth M. Comegys (mother)
(Address) Finksburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date July 20, 1933

19. UNDERTAKER: Stewart & Mowen Company
(Address) 108 W. North Ave.

JUL 20 1933 19 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-19-1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to July 19, 1933
I last saw h[illegible] alive on July 18, 1933 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/16

Other contributory causes of importance:

Malnutrition

Name of operation: — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 4714 Liberty Heights Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92161 ✓ 163 E 92161

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mt Denial Hospital
CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ritson L Browning
(a) Residence: No. 1925 Riggs Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 4 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mfg
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Army Sergt.
10. Date deceased last worked at this occupation (month and year) 1917
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Browning
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jane Staugler
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Louis H Browning
(Address) 2708 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catonsville Date July 21 1933

19. UNDERTAKER Wm H Gruber & Co
(Address) 1012 W Lexington St

20. FILED ... Registrar.

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Drank Carbolic Acid.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner
(Address) .....

M. D. P. 1268-9

92162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 92162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Carroll.

(a) Residence: No. 307 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored.	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Md Date July 20 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED JUL 20 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/31 1933 to 7/15 1933

I last saw h. alive on 7/13 1933. Death is said to have occurred on the date stated above, at 2:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of G. I. tract	3 mo.

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luther P. Little M. D.

(Address) 719 Park Ave
Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 92163 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92163

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tp.) 21-21

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Horsey

(a) Residence: No. 539 W. West st. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26 25	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 01⁰

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

FATHER

13. NAME Elijah Horsey

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza Dennis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date July 20, 19 33

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUL 20 1933 0652 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to July 18, 1933

I last saw her alive on July 18, 1933 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. V. Jackson, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 92164

92164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 17-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Wells

(a) Residence: No. 612 W. Mulberry st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Wells

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Melvina Edwards

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 20 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED JUL 20 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933, to July 17, 1933.

I last saw h. im alive on July 17, 1933. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jas Ghiorse Jr M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

$2165 E 92165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 Bonsal St. St. 26-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Augusta E. Müller

(a) Residence: No. 438 Bonsal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto A. Müller

6. DATE OF BIRTH (month, day, year) Apr 5/1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME — Müller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Murdock

(Address) 438 Bonsal St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date July 21 . 1933

19. UNDERTAKER Philip Herrington Sons

(Address) 2016 Pennsylvania Ave

20. FILED July 20 1933 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 . 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1933 to July 16 . 1933

last saw h[illegible] alive on July 18 . 1933 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Coronary Sclerosis	2 Yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.

(Address) 14 E Pleasant

Spec.—1-12-23—M&T—500 Blks.

Conrad Herzinger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92166

E 92166

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 E. 30th. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Herzinger

(a) RESIDENCE No. 1632 E. 30th. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna E. Herzinger

6 DATE OF BIRTH (month, day, and year) Aug 8- 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	60	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ger.

PARENTS

10 NAME OF FATHER Henry Herzinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Anna E. Herzinger (Address) 1632 E 30th st

15 Filed 20 1933 . 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 19 33

17 I HEREBY CERTIFY, That I attended deceased from February 20, 19 33, to July 18 19 33, that I last saw h... alive on July 18, 19 33, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:-

Mitral Stenosis with Insufficency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy with Dilatation and Aneurism (duration) 14 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Chas W. Edmunds, M. D.

, 19 (Address) 2716 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emanuel Cem

DATE OF BURIAL July 21 1933

20 UNDERTAKER Philip Herzog Sons ADDRESS 2016 Orleans st

M-D-R 1909-9

92167

E 92167

HEALTH DEPARTMENT—CITY OF BALTIMORE

274701

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Regina Simms

(a) Residence: No. 941 Stirling St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/30/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Simms

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date July 20 1933

19. UNDERTAKER Eda Snowden
(Address) 1129 N. Carrollton Ave

20. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933 to July 16, 1933

I last saw her alive on July 16, 1933. Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nutritional Disturbance (diarrhea)	1 wk ago
Bronchopneumonia	2 wks ago
Cardiac failure	1 day ago

Other contributory causes of importance:

Otitis media	
Anemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John Z. Wachsmuth M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

92168

E 92168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Hanover, S. St.) 23-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles T. Grove

(a) Residence: No. 1524 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The late Mary E. Grove

6. DATE OF BIRTH (month, day, year) Feb. 20, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Henry Grove

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles U. Grove

(Address) 1524 S. Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date July 22 1933

19. UNDERTAKER A. Haught Evans & Son

(Address) Huntington, W. Va.

20. FILED 19

L 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1933 to July 20, 1933

I last saw him alive on July 20 1933 Death is said to have occurred on the date stated above, at 4:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/18/33
Other contributory causes of importance:	
Exhaustion	7/19/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Campbell M. D.

7/20/33 (Address) 1677 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 92169

92169

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 207 Aisquith ST. 5-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Henry Wilson

(a) RESIDENCE NO. 207 Aisquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wilson

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Annie Wilson

(Address) 715 Mosher St

15 [illegible] Huntington Williams, M.D.

L 20 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1933 to July 18, 1933

that I last saw him alive on July 18, 1933

and that death occurred, on the date stated above, at 3:55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Kute, M. D.

, 19 (Address) 1021 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL July 20, 1933

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 3221 Edmondson Ave

M. D. B. 1268-0

92170

E 92170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Harlem St. 17-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elvira Smith

(a) Residence: No. 809 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colr	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) abt 12-mo 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sadie Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mervil K. Smith
(Address) Catasauqua Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 21, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E. Schroeder St.

20. FILED 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-33

22. I HEREBY CERTIFY, That I attended deceased from July 12 1933 to July 19 1933
I last saw her alive on July 19 1933 Death is said to have occurred on the date stated above, at 10:28 a.m.

The principal cause of death and related causes of importance were as follows:

Uterine Fibroids — Date of onset

Other contributory causes of importance: Irreducible Strangulated Hernia Abdominal

Name of operation — Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Rosenzweig M. D.
(Address) 117 W. Saratoga St.

M. D. H. 1268-9

92171 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 92171

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 W. North Ave St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Helen M. Maguire

(a) Residence: No. 1923 W. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas R. Maguire

6. DATE OF BIRTH (month, day, year) Feby 25-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Jas F. Engersdall

14. BIRTHPLACE (city or town) (State or country) Vt

MOTHER

15. MAIDEN NAME Hannah Hamilton

16. BIRTHPLACE (city or town) (State or country) Vt

17. INFORMANT Mrs Mary Smith

(Address) 1923 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 22 1933

19. UNDERTAKER Harry W. Ehlen

(Address) 1944 W. North Ave

JUL 20 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to July 19 1933

I last saw her alive on July 19 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 wks

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Ehlman M. D.

(Address) 1919 W. North Ave

M. D. B. 1268-9

92172

E 92172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 North Broadway St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME EUGENE W. SEEGER

(a) Residence: No. 522 North Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Seeger

6. DATE OF BIRTH (month, day, year) May 24, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter 0 0 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick E. Seeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Von Detrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena Seeger
(Address) 522 North Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date July 21, 1933

19. UNDERTAKER Chas. P. Sauer & Son
(Address) 118 W. Mt. Royal Ave

20. FILED JUL 29 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 19 1933

I last saw h[illegible] alive on July 18 1933 Death is said to have occurred on the date stated above, at 9.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Hypertension	4
Cerebral hemorrhage	1
Other contributory causes of importance:	
Pulmonary oedema	1933

Name of operation None Date of

What test confirmed diagnosis? Cl Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clarence Elmer Burdette M. D.

(Address) 1[illegible] Park Ave

A&Co. 5-31 250B

92173

HEALTH DEPARTMENT—CITY OF BALTIMORE

92173

CERTIFICATE OF DEATH

Registered No. [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4618 Keswick Road St., 27-01 Ward)

Length of residence in city or town where death occurred 56 yrs. [illegible] mos. [illegible] ds. How long in U.S. if of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Hannah M. Sterner

(a) Residence: No. 4618 Keswick Road St., [illegible] Ward. [illegible]
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) April 4, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County

FATHER

13. NAME Levi H. Sterner

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Lydia Baily

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Mrs. Howard Ray
(Address) 4618 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Steltz, Pa. Date July 21 19 33

19. UNDERTAKER A. S. Marshall
(Address) 3539 Falls Road

Huntington, Md.

21 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to July 19, 1933

I last saw her alive on July 18, 1933 death is said to have occurred on the date stated above, at 9.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis-1930	
Cerebral hemorrhage - July 19, 1933.	

Other contributory causes of importance:

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify [illegible]

(Signed) Arthur J. Davies, M. D.

(Address) 800 W 33rd St

M. D. B. 1268-9

92174

E 92174

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward) 27 Ward

Length of residence in city or town where death occurred ____ yrs. 11 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Cheney

(a) Residence: No. ____ St. Harrison, Md. Ward. ____ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter C. Cheney

6. DATE OF BIRTH (month, day, year): May 2, 1898

7. AGE: Years 35 | Months 2 | Days 17 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): P | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md

FATHER

13. NAME: Charles Wells

14. BIRTHPLACE (city or town) (State or country): Howard Co. Md

MOTHER

15. MAIDEN NAME: Henrietta Slifer

16. BIRTHPLACE (city or town) (State or country): Howard Co. Md

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Bethel Cemetery, Camp Hill Rd. Date: July 23 1933

19. UNDERTAKER: George L. Schnatt
(Address) 201 Frederick Ave.

[illegible] Huntington Ave. Balto. Md.

L 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8 1933 to July 19 1933 Last saw her alive on July 18, 1933 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows: Myxoma, Uterus — Date of onset ?

Other contributory causes of importance: Embolism, Pulmonary — July 19 33

Name of operation: Supravaginal Hysterectomy — Date of 7/18/33

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) W. Mayer M. D.

(Address) ____

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92175

92175

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 14-91 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Thomas

(a) Residence: No. 836 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Thomas

16. BIRTHPLACE (city or town) (State or country) Hanover Va

17. INFORMANT Maggie Thomas

(Address) 836 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 7/21/33

19. UNDERTAKER Mrs George E Holland

(Address) 1632 Druid Hill Ave

Huntington Williams

20. FILED JUL 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 c. 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden,	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Funk M. D.
Coroner

(Address)

M. D. B. 1268-a

E 92176

E 92176 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, Insp. W. Balto Gen Hosp St. 20-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A Applegarth

(a) Residence: No. 501 Normandy Rd, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fmale
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt H. Applegarth
6. DATE OF BIRTH (month, day, year) Nov 17-1853
7. AGE Years 79 Months 8 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Jas F Stanley Jr.
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Elizabeth Neal
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Geo E Fuller
(Address) 501 Normandy Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 7/24 1933

19. UNDERTAKER Harry H Wilkes
(Address) 2414 Edmondson Ave
Huntington Wilkes Reg. No.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset few hours

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H Luck Coroner M. D.
(Address) Boarded

Spec.—1-30—M. & T.—250 Blks

92177

HEALTH DEPARTMENT—CITY OF BALTIMORE E 92177

CERTIFICATE OF DEATH.

REGISTERED NO. 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 E Lafayette Ave ST., 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margt. Fink Poole

(a) RESIDENCE NO. 1814 E Lafayette Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Poole

6 DATE OF BIRTH (month, day, and year) Aug 28 1845

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Fair Oaks Penn

PARENTS

10 NAME OF FATHER — Fink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. R. Tomas (Address) 1814 E Lafayette Ave.

15 Lexington Williams, M.D. JUL 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20th 1933

17 I HEREBY CERTIFY, That I attended deceased from July 3rd, 1933, to July 20, 1933, that I last saw her alive on July 19th, 1933, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

a Arterial Sclerosis of the Brain

(duration) 1 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Uncertain (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

7/20/1933 (Address) 3522 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL July 22nd 1933

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

M. D. B. 1268-9

92178 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92178

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals V 80
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Connor

(a) Residence: No. 656 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Connor

6. DATE OF BIRTH (month, day, year) 9-15-84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	47	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Richter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Steners

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Record
(Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 22nd 1933

19. UNDERTAKER Lou Cook
(Address) 527 S Paul St

20. FILED ..... 19 ..... Registrar Williamsport Md

UL 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-13-1933 to 7-20-1933

I last saw h.. alive on 7-20-1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Unk
Cardiac Failure	
Other contributory causes of importance:	
Tabes Dorsalis	Unk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Mary Goldsmith M. D.

Address Baltimore City Hospitals

M. D. B. 1268-9

E 92179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92179

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Harman Ave St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah Probst

(a) Residence: No. 1810 Harman Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mc Cah Laura Probst.

6. DATE OF BIRTH (month, day, year) Feby 27 74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 33

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reading R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Probst.

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Bessie L Metzel

(Address) 1810 Harman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mission Cem Catawissa Pa Date 7/23/1933

19. UNDERTAKER John J Cowan & Son

(Address) 9 E 1 Saratoga St

Huntington Williams, M.D.

20. FILED JUL 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/20/1933

22. I HEREBY CERTIFY, That I attended deceased from 7/18 1933 to 7/20 1933

I last saw h alive on 7/20, 1933 Death is said to have occurred on the date stated above, at a.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7/18/33
Other contributory causes of importance:	
Cystitis - Chronic	10 Yr

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams, M. D.

(Address) 22 E Mt Vernon Pl

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92180 E 92180-802

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary / 22 Registered No.

CITY OF BALTIMORE: (No. ..... St., 9-East (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Amanda M. Spengemann

(a) Residence: No. 3102 Harford Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1st 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Peter H. Spengemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Eckhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Clara A. Spengemann
(Address) 3102 Harford Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date July 25th 1933

19. UNDERTAKER Kenny Stock & Sons, Inc.
(Address) 1301 E. Lexington St. Williams, Reg.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-19-33. 19.... to 7-20-33. 19....

I last saw her alive on 7-20-33. 19.... Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Intestinal Obstruction	7-15-33
(2) Gangrene of the bowel	
(3) Surgical shock	

(Other contributory causes of importance:

1- Gangrene of the bowel
2- Surgical Shock

Name of operation Bowel Resection for Vomiting Date of 7-19-33

What test confirmed diagnosis? Clinical / Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
N/O ..... If so, specify .....

(Signed) Richard V. Hoover, M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92181 ✓ X E 92181

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. James C. Lawrence

(a) Residence: No. Middle River, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mall	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Vogler Lawrence

6. DATE OF BIRTH (month, day, year) July 28-1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Label off

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Gov.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Charles A Lawrence

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Ida Carback

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs. Helen Lawrence
(Address) Middle River.

18. BURIAL, CREMATION, OR REMOVAL
Place Ebenezer Cem. Date July 21 1933

19. UNDERTAKER Hugh S. Connelly
(Address) Essex Md.

20. FILED JUL 21 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to July 18 1933
I last saw living on July 18 1933 Death is said to have occurred on the date stated above, at 4.56 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - (Pneumococcus) (Lobar) Type IV	7-7-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis clinical + lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATIONS IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

Walt Judaht

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92182

CERTIFICATE OF DEATH

E 92182

Registered No. 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Judaht

(a) Residence: No. 611 Madison St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Pauline Judaht

6. DATE OF BIRTH (month, day, year): Jan 23-1892

7. AGE: Years 41 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 5 yrs

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Levin Judaht

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Elizabeth Jacobs

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Pauline Judaht

(Address) 611 Madison St.

18. BURIAL, CREMATION, OR REMOVAL: Rhesa

Place Date July 23 1933

19. UNDERTAKER: Charles H. Eckert

(Address) 32 N. Carey St.

Filed by Williams Reg.

JUL 21 1933

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): July 19 1933

I HEREBY CERTIFY, That I attended deceased from 19 to 19 Dentist

I last saw [illegible] alive on August 1 Stutspan

I have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Principle Hemorrhage due to Multiple Incised Wound of Head and Neck (Pocket knife)

Date of onset

Other conditions contributing to death but not related to principal cause of importance:

Operation: Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? 600 Block Druid Hill Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Link M. D.

Coroner

(Address) Coroner

E 92183

E 92183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Chapel St. St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGEINA E. AHLES.

(a) Residence: No. 511 S. Chapel St. St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Ahles

6. DATE OF BIRTH (month, day, year) Jan. 25 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME William Pacy

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Emma Nelson (Daughter)
(Address) 511 S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date July 23, 1933

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 403 E. Wolfe St.

FILED JUL 21 1933 Huntington Williams W

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1932 to July 19, 1933

I last saw h[illegible] alive on July 19, 1933 Death is said to have occurred on the date stated above, at 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	July 19/33
Other contributory causes of importance:	
Renal Carcinomatosis	1 month

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

E 92184 — 500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92184

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2727 Strathmore ST. 27-01 WARD)

2—FULL NAME William Ecael

(a) RESIDENCE NO. 2727 Strathmore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. Unknown How long in U. S., If foreign birth? 67 yrs. Unknown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Ecael

6 DATE OF BIRTH (month, day, and year) April 17 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber - retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Geo. J. Ecael (Son)

(Address) 2727 Strathmore

15 FILED JUL 21 1933 Errington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1933.

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to July 19, 1933, that I last saw him alive on July 19, 1933, and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension (duration) Unknown yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Wm. B. Egbert, M. D.

, 19 (Address) 3807 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem.

DATE OF BURIAL: July 23 1933.

UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 403 S. Wolfe St.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92185

CERTIFICATE OF DEATH

46 E 92185

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 W. 37th. St., 13th Ward)

Length of residence in city or town where death occurred 9 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Eliza Patterson

(a) Residence: No. 1117 W. 37th. St., 13th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced (or) WIFE of Benjamin Hilbert Patterson

6. DATE OF BIRTH (month, day, year) Sept. 19 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	— 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME John Stiffler

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Joan Bull

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Albert C. Patterson
(Address) 1117 W. 37th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place York, Penna. Date July 22 - 1933

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Rd.

20. FILED JUL 21 1933 By Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 . 1933 to July 20 . 1933 that I last saw her alive on July 18 . 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma of Liver.	?
Primary growth probably Colon.	
Other contributory causes of importance: Cardiosclerosis	

Name of operation — Date of

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) H. Williams M. D.

(Address) 3429 Chestnut St.

OCCUPATION is very important. See instructions on back of certificate.

E 92186

E 92186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Ridgely St. Mt. Winans. 25-81 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Harris.(C)

(a) Residence: No. 2406 Ridgely St. Mt. Winans. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Do not know. / Do not know.

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Eonie, Md.

FATHER

13. NAME ------- Adams.)C)

14. BIRTHPLACE (city or town) (State or country) — Maryland.

MOTHER

15. MAIDEN NAME Rebecca ------(C)

16. BIRTHPLACE (city or town) (State or country) — Maryland.

17. INFORMANT Annie Thomas.(C) niece.

(Address) 2354 Annapolis Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 7-21 1933

19. UNDERTAKER David Harris

(Address) 2406 Ridgely St. Huntington Matthews, N.P.

JUL 21 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ---- 19 ---- to ---- 19 ----

I last saw h alive on ---- 19 ---- Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

Organic disease of the heart and kidneys.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ---- 19 ----

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt M. D. Coroner

(Address) 1017 E. Charles St. 7/20/33

E 92187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Gibbs

(a) Residence: No. 234 N. Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE 50 Years	Months —	Days —	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del —

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT E. Mathews
(Address) 234 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7-21, 1933

19. UNDERTAKER Dunn Eastland
(Address) 20 E Pr

FILED JUL 21 1933 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933 to July 19, 1933

I last saw him alive on July 19, 1933. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Paresis
Generalized arteriosclerosis with possible Cerebral hemorrhage

Other contributory causes of importance:
Pulmonary congestion and edema.

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) L. P. Thrown Jr. M. D.
(Address) University Hospital

302 Northway

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92188

92188

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 N. Smallwood St. 15-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

2. FULL NAME Tina Sacks

(a) Residence: No. 1505 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sager

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Sacks

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta Garaski

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Pinkie Sacks
(Address) Nelson Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Levering Mem. Date 7-22-33, 19....

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St

20. FILED JUL 21 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1933, to July 20, 1933.

I last saw h. alive on July 20, 1933. Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho-Sarcoma abdomen and inguinal region	2 yrs
Complete Ileus	
Other contributory causes of importance:	
—	

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. F. Ries, M. D.

(Address) 24 S. Bway

M. D. B. 1268-9

92189 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92189

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Seldin

(a) Residence: No. 4991 Belmore Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Seldin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jos. Levine Inc.
(Address) 1431 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Levindale Date 7-21- 1933

19. UNDERTAKER Jos. Levine Inc
(Address) 1431 E. Balto St

20. FILED JUL 1933 1933 Huntington Williamsburg, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 20, 1933. I last saw her alive on July 20, 1933. Death is said to have occurred on the date stated above, at 9.45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	7-18-33
Other contributory causes of importance:	
Arteriosclerosis	?
Cerebral Thrombosis	6-15-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frank Hellman M. D.
(Address) Sinai Hospital

AaCo. 5-11 2508

92190 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 92190

CERTIFICATE OF DEATH

95-002

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Jackson St. 24th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence L. Yingling

(a) Residence: No. 1606 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin D. Yingling

6. DATE OF BIRTH (month, day, year) 3/21/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Fulton Co. Maryland

MOTHER

13. NAME Nancy Beall
14. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

15. MAIDEN NAME M. Boyer
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. E. S. Yingling
(Address) 1606 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/22/33

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1315 Eutaw St.

20. FILED JUL 21 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from September, 1932 to July 19, 1933

I last saw her alive on July 18, 1933 death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	2-3 years
Senile Debility & Heart	2 hrs.

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? not so, specify ...

(Signed) E. S. Thorn M. D.

(Address) 516 Cathedral St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92191 E 92191

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Alvarado St. 27-U (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline A Bitzel

(a) Residence: No. 2914 Alvarado Square St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59c	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Adam Bitzel

14. BIRTHPLACE (city or town) germany
(State or country)

MOTHER

15. MAIDEN NAME Anna B Stein

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Lydia E Moore
(Address) 2914 Alvarado Squre

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date July 22 19 33

19. UNDERTAKER John Welsh
(Address) 2008 Orleans St

11. 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 19 33

22. I HEREBY CERTIFY, That I attended deceased from October 19 30 to present time 19 .....

I last saw her alive on July 19 19 33 Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast	
Other contributory causes of importance:	
General carcinomatosis	About a year ago

Name of operation Radical amputation of breast Date of 10/13/30

What test confirmed diagnosis Micro. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jack R. Wogan M. D.

(Address) 6-E-Read St.

JUL 21 1933

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92192

CERTIFICATE OF DEATH

X 108 E 92192

1. PLACE OF DEATH UNIVERSITY HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MARYLAND St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY CATHERINE NICHOLSON

(a) Residence: No. BELTSVILLE MD St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JULY 17 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) WISCAT

FATHER

13. NAME JOHN W. NICHOLSON

14. BIRTHPLACE (city or town) (State or country) MADISON Co VIRGINIA

MOTHER

15. MAIDEN NAME SUZANNE WOODWARD

16. BIRTHPLACE (city or town) (State or country) MADISON Co VIRGINIA

17. INFORMANT MOTHER AND FATHER.
(Address) BELTSVILLE MD

18. BURIAL, CREMATION, OR REMOVAL.
Place Beltsville Md Date 7/21 1933

19. UNDERTAKER Lloyd Kauffman
(Address) Laurel Md

FILED JUL 21 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from JULY 21, 1933, to JULY 21, 1933

I last saw HER alive on JULY 21, 1933 Death is said to have occurred on the date stated above, at 8 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	7-20-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) C R Throop Jr M. D.
University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-P

E 92193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

E 92193

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N. Hilton St. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grethen L. Fosbrink.

(a) Residence: No. 1 N. Hilton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 7, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Fosbrink.

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Edna L. Gubernatis.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edna L. Fosbrink. (mother)
(Address) 1 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date July 22, 1933

19. UNDERTAKER Howard P. Gebhard
(Address) 715 Edgewood St.

JUL 21 1933 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

Address 1017 E. Charles St.

M. D. B. 1263-9

92194 ✓ E 92194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S Carey St., 20-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myrtle Griffin

(a) Residence: No. 32 N Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Paul Griffin

6. DATE OF BIRTH (month, day, year): Oct 11 1895

7. AGE: Years 37 | Months 9 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: William Vansant

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Elizabeth Dorsey

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs Agnes Murphy

(Address) 32 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral. Date: 7-24 19 33

19. UNDERTAKER: Bernard C Harle

(Address) 1000 S Paca St.

20. FILED: JUL 21 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to July 21 1933

I last saw h.. alive on July 21 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1 yr
Chronic Myocarditis	6 mo

Other contributory causes of importance:

None

Name of operation: None Date of: —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 888 W Lanvale St

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

M. D. B. 1268-9

E 92195

HEALTH DEPARTMENT—CITY OF BALTIMORE

92195

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James J Gavin Jr

(a) Residence: No. 109 W 27th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 11 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
36	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James J Gavin Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Dunn

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James J Gavin Jr

(Address) 109 W. 27th St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 7-24 1933

19. UNDERTAKER W M Cook

(Address) 1214 St Paul St

20. FILED ...19... Registrar

JUL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 19 1933 to June 8 19..

Last saw h... alive on July 20 1933 Death is said to have occurred on the date stated above, at 11 ½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	7-14
Generalized Peritonitis	

Other contributory causes of importance:

Name of operation Gastrectomy Date of 7-14

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J C Hellebrandt M. D.

(Address) Univ. Hospital

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 92196

92196

CERTIFICATE OF DEATH

71-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 5-A (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel White

(a) Residence: No. 339 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) (State or country) Lamar S. C.

FATHER

13. NAME Joseph White

14. BIRTHPLACE (city or town) (State or country) Lamar S C

MOTHER

15. MAIDEN NAME Virginia Brown

16. BIRTHPLACE (city or town) (State or country) Lamar S. C.

17. INFORMANT Friends
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date July 21. 33

19. UNDERTAKER Rayner Saunders
(Address) 1415 E. Preston St.

20. FILED JUL 21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933. to July 16, 1933.

I last saw him alive on July 16, 1933. Death is said to have occurred on the date stated above, at 1145 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) T. B. Magruder M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-0

E 92197

HEALTH DEPARTMENT—CITY OF BALTIMORE

92197

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Monroe St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Anderson

(a) Residence: No. 602 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Capitol Mirror Co.

10. Date deceased last worked at this occupation (month and year) October 1923

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Anderson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McHenry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Carrie Anderson

(Address) 602 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date July 22 19 33

19. UNDERTAKER Jos. Pollock

(Address) 1003 W. Baltimore St.

20. FILED JUL 21 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to July 20, 1933

I last saw him alive on July 20, 1933 Death is said to have occurred on the date stated above, at 6.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Year Known
Arterio-Sclerosis	Year Known

Other contributory causes of importance:

Acute Myocarditis	6/7/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. A. O'Neill M. D.

(Address) 108 N. Fulton Ave.

E 92198

M. D. B. 1268-9

92198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16-04 (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas J. Brophy

(a) Residence: No. 3021 Belmont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel M. Brophy

6. DATE OF BIRTH (month, day, year) June 3, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobiles

10. Date deceased last worked at this occupation (month and year) 12 years

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME John H. Brophy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lucy E. Nolan

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Mrs. Hazel M. Brophy

(Address) 3021 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia, Pa. Date July 24, 1933

19. UNDERTAKER Joseph F. Cook

(Address) 1003 W. Baltimore St.

20. FILED 21 1933 Huntington, West Virginia, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to July 21, 1933

I last saw him alive on July 21, 1933 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis bacillus Decompensation — Aortic Regurgitation — Mitral Heart Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Coyne M. D.

(Address) W B St N M. D.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92199

92199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hosp St. 18-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Blake

(a) Residence: No. 912 Cloney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Horace Blake

6. DATE OF BIRTH (month, day, year): Aug 26, 1887

7. AGE: Years 45 | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 641

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Johnson

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Blanche ?

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Records Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place M.T. Zion Date July 22, 1933

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 E. Lexington St

Huntingtown Maryland

20. FILED 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933 to July 18, 1933

I last saw her alive on July 18, 1933 Death is said to have occurred on the date stated above, at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular - Renal disease	?
Uremia	2 wks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I P Magill M. D.

(Address) Balt. City Hosp

M. D. B. 1268-9

92200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92200

CERTIFICATE OF DEATH

V94-002

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Feit

(a) Residence: No. 2701 Ellman Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1872

7. AGE: Years 61 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Mayer Goldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Miriam Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Harry Feit
(Address) 2701 Ellman ave

18. BURIAL, CREMATION, OR REMOVAL Rosedale Date July 21 1933

19. UNDERTAKER H. Sol Levy & Bro
(Address) 1127 E Baltimore St

20. Filed JUL 21 1933 19 Register No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 1933 19 to July 21 19 33

I last saw her alive on July 21 19 33. Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mark Hollander M. D.

(Address) Sinai Hospital

M. D. B. 1268-0

E 92201

92201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument · Rutland 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Sarah Rothman

(a) Residence: No. 129 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Hyman

6. DATE OF BIRTH (month, day, year) March 15 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abe Rothman

(Address) 2900 Pasterspourn Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date July 21 1933

19. UNDERTAKER Sol Kurnick & Bro

(Address) 1121 E Baltimore St

20. FILED 19 ..... Registrar

21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933 to July 21 1933

I last saw h.e alive on July 21 1933 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal Abscess	June 9, 1933
Local Peritonitis	

Other contributory causes of importance:

Chronic Myocarditis
Pyelophlebitis

Name of operation Incision and Drainage Date of June 22

What test confirmed diagnosis? Abscess Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

M. D. F. 1268-9

92202

E 92202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5014 Dennord St. 27-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Katherine Klunk

(a) Residence: No. 5014 Dennord St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Samuel Ward Klunk

6. DATE OF BIRTH (month, day, year): Jan 8 1865

7. AGE — Years: 68 | Months: 6 | Days: 12 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work

10. Date deceased last worked at this occupation (month and year): 0?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Georg M. Hahn

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margretha Pirsch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Helen Rigdon

(Address) 5014 Dennord

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Mem. Date: 1933

19. UNDERTAKER: H. Rodman Towe

(Address) North Avenue

Huntington Williamsport Md

JUL 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20/33, 19

22. I HEREBY CERTIFY, That I attended deceased from July 10/33, 19 to July 21/33, 19

I last saw her alive on July 20/33, 19 Death is said to have occurred on the date stated above, at 7.23 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis — Jan 1/33

Hypostasis

Other contributory causes of importance:

Myocarditis — Jan/33

Name of operation: Clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter E. Dibbitt, M. D.

(Address) 2220 Harrison Ave

M. D. P. 1268-9

92203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92203

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1611 Retreat St. 13-01 Ward)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Joseph Velker

(a) Residence: No. 1611 Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Venus Velker

6. DATE OF BIRTH (month, day, year): Apr 28 1858

7. AGE: Years 75 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore MD

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Venus Velker
(Address) 1611 Retreat St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: July 22 1933

19. UNDERTAKER: Isaac Frank & Son
(Address) North Avenue

Huntington Williams Mgr

20. FILED: JUL 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to July 20, 1933.

I last saw him alive on July 20, 1933. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	5 m.
Coronary Thrombosis	1 day
Other contributory causes of importance:	
Generalized arteriosclerosis	10 y.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Emma E. Krayer, M. D.

(Address) The Esplanade

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 92204

E 92204

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1429 Carswell St., 9-01 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Irene Coney

(a) Residence: No. 1429 Carswell St., Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Coney

6. DATE OF BIRTH (month, day, year) Sept. 14, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County

FATHER

13. NAME Lewis Gorsuch

14. BIRTHPLACE (city or town) (State or conntry) Carroll County

MOTHER

15. MAIDEN NAME Margaret Grimes

16. BIRTHPLACE (city or town) (State or country) Carroll County

17. INFORMANT Mr. William Coney

(Address) 1429 Carswell Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys, Hampden Date July 22, 1933

19. UNDERTAKER A. S. Marshall

(Address) 3539 Falls Road

Huntington Williams, N.P.

Registrar.

211933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 33, to July 19, 33

I last saw her alive on July 19, 33 death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 Mo
Other contributory causes of importance: Arteriosclerosis	4 Yrs

Name of operation 2 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Vernon O'Neill M. D.

(Address) 605 Somerset Terr

M. D. B. 1268-9

92205 HEALTH DEPARTMENT—CITY OF BALTIMORE 92205

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hosp. 3-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Karl Pfingst

(a) Residence: No. 1531 Eastern Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Pfingst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 7/22/ 19

19. UNDERTAKER F. WIFFERTSEN (Address) 1201 E. 31st AVE-PEACE

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11 19 33 to July 20 19 33

I last saw him alive on July 20 19 33 Death is said to have occurred on the date stated above, at 12 24

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation	?

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Pfingst M. D.

(Address) Balto City Hosp.

JUL 1933

M. D. B. 1268-0

E 92206

92206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 W. North Ave. St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susannah Sindell Hullett.

(a) Residence: No. 2648 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Hullett.

6. DATE OF BIRTH (month, day, year) Dec. 29. 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	23 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John P. Sindell.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Adelaide Grubb.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John G. Hullett

(Address) 2648 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL JUL 24 1933

Place Loudon Park Date 19

19. UNDERTAKER Geo W. Little

(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 25 years 19 to July 20 1933

I last saw h alive on July 20 1933 Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/15/33
Other contributory causes of importance:	
Arteriosclerosis & Hypertension	5 Yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore McKeldin M. D.

(Address) 1609 Linden Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92207

CERTIFICATE OF DEATH

92207

Registered No. 56

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. W. Balto Home St., 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jos. Kelly

(a) Residence: No. 3909 Gwynn Oak Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 21 1924

7. AGE | Years 11 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER
13. NAME Patrick J. Kelly
14. BIRTHPLACE (city or town) (State or country) New Ireland

MOTHER
15. MAIDEN NAME Mary C. Brennan
16. BIRTHPLACE (city or town) (State or country) New Ireland

17. INFORMANT Jos. Kelly
(Address) 3909 Gwynn Oak

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 23 33

19. UNDERTAKER John C. Frisbee
(Address) 2435 E. Baltimore St

20. FILED JUL 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	
Acute Nephritis	

Other contributory causes of importance:

Operation Regular Date of autopsy No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

I, (Signed) Coroner M. D.
(Address)

A&Co. 5-31 250B

92208

HEALTH DEPARTMENT—CITY OF BALTIMORE

92208

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3225 Pitts Ave ward 26-21 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Bittner

(a) Residence: No. 3225 Pitts Ave St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Katherine W. Bittner

6. DATE OF BIRTH (month, day, year) Jan-1-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	18 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Bittner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Christman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine W. Bittner
(Address) 3225 Pitts Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date July-22 1933

19. UNDERTAKER John C. Miller
(Address) 1435 E. Oliver St Baltimore Md

20. FILED ... Huntington Holliswood N.Y.
(Registrar)

JUL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-19 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17 1933 to July 19 1933

I last saw him alive on July 19 1933 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

Other contributory causes of importance:

Lobar Pneumonia Bronchitis

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gustav C. Thieme M.D.

(Address) 16 N. Kenwood Ave

M. D. P. 1268-9

32209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46 E 32209

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

Sabbath

2. FULL NAME Mrs ~~Esther~~ Ruggeri

(a) Residence: No. 2020 Bendalton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius Ruggeri

6. DATE OF BIRTH (month, day, year) Nov 5, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Charles Leonard Legg

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Hannah E. Phillips

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Thomas J. Ruggeri (Address) 2020 Bendalton St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 7-22 1933

19. UNDERTAKER W. J. Zickner & Sons (Address) 1400 E Fayette Ave

20. FILED 21 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17 1933 to July 20 1933

I last saw h alive on July 20 1933 Death is said to have occurred on the date stated above, at 12:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ~~liver~~ pancreas & metastases to liver, peritoneum & lungs	?
M. Coroner Thornburg	
Other contributory causes of importance: Emaciation & debilitation Myocardial failure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard France, M. D.

(Address) Union Memorial Hosp.

M. D. P. 1268-9

2210 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 52210

CERTIFICATE OF DEATH

Registered No. 36

1. PLACE OF DEATH St agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Length of residence in city or town where death occurred 8 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Louis Priebe (PRIEBE)

(a) Residence: No. 3322 Strickland St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 22-1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofof
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) City
(State or country)

MOTHER FATHER

13. NAME Henry Priebe
14. BIRTHPLACE (city or town) City
(State or country)
15. MAIDEN NAME Josephine Lewis
16. BIRTHPLACE (city or town) City
(State or country)

17. INFORMANT Henry Priebe
(Address) 3322 Strickland

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 23 33

19. UNDERTAKER J. Tackney & Son
(Address) Baltimore, Md.

21 1933 Huntington Ave. & Wilkens Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/20/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/13/33 . 19 . to 7/20/33 . 19 .
I last saw ~~him~~ alive on 7/20/33 . 19 . Death is said to have occurred on the date stated above, at 10 P.M. from

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... . 19 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Lemmon . M. D.

(Address) St agnes Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2211

CERTIFICATE OF DEATH

E 92211

Registered No. 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ft. of Watson St. Masonville 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. --mos.--ds. How long in U. S. If of foreign birth 22 yrs. --mos.--ds.

2. FULL NAME Henry J, Fangman.

(a) Residence: No. 2635 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of Margeret Fangman.

6. DATE OF BIRTH (month, day, year) March 13, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grinder, [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locke Insulator Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Henry Fangman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Cottman.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry F. Fangman. (son)
(Address) 715 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date July 22 33

19. UNDERTAKER J. B. Wippell & Sons
(Address) Arlington Williams, Mgr.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible], to [illegible], 19 [illegible]

I last saw h[illegible] alive on [illegible], 19 [illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Enquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury [illegible], 19 [illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Elliott Reinhardt Coroner. M. D.

7/21/33 (Address) 1017 S. Charles St.

M. D. B. 1268-9

James Irwin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92212

92212

CERTIFICATE OF DEATH

107-001 Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 11-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Irwin

(a) Residence: No. 10 N Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Baile

6. DATE OF BIRTH (month, day, year) Nov 1st 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore

(State or country)

FATHER

13. NAME James Irwin

14. BIRTHPLACE (city or town) Baltimore

(State or country)

MOTHER

15. MAIDEN NAME Alice Irwin

16. BIRTHPLACE (city or town) Baltimore

(State or country)

17. INFORMANT Margaret Irwin

(Address) same

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/22, 1933

19. UNDERTAKER Henry U. Mears & Son

(Address) 805 N. Calvert St.

20. FILED 1933 Huston H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-23-33, 19.... to 7-20-33, 19....

I last saw h.... alive on 7-20-33, 19.... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

1 Pneumonia

Bronchial

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Post mortem Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible], M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92213 ✓ E 92213

* 131

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Bon Secour Hospital.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Fayette St. - St. 70-1 Ward)

2. FULL NAME Miss Nellie Jamison

(a) RESIDENCE NO. 6341 Woodlawn Ave. Chicago, Dec. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 3, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72 yr.	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work not employed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Quebec, Canada
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs. Mason
(Address) 6341 Woodlawn Ave.

15 Filed 19 Huntington Williams, Registrar

JUL 21 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1933, to July 21st, 1933

That I last saw her alive on July 20th, 1933

and that death occurred, on the date stated above, at 10 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Cardio vascular Renal disease

Pernicious Anemia -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert W. Allison M. D.

July 24, 19 33 (Address) Bon Secour Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Detroit Mich. DATE OF BURIAL July 24, 1933

20 UNDERTAKER Empire Stamping Detroit Mich

M. D. B. 1263-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

92214

CERTIFICATE OF DEATH

23 E 92214

Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dunbar St. 14 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Tate

(a) Residence: No. 2122 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	14	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) U Known
(State or country)

MOTHER

15. MAIDEN NAME U Known

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Freda Tate

(Address) 2122 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date July 24 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 503 Presstman St

20. FILED 1933 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1933, to 7-20, 1933

I last saw her alive on 7-20, 1933. Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) E. Harris M. D.

(Address) Provident Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—8-16-29—L. F. S.—100 Bks.

E 92215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92215

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Walbrook Av ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Sarah J. Warner

(a) RESIDENCE NO. 2115 Walbrook Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Warner

6 DATE OF BIRTH (month, day, and year): Dec. 22nd 1862

7 AGE: Years 70 | Months 6 7 | Days 29 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Noah Shaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Rebecca Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant: Mrs Lambert

(Address): 2115 Walbrook Av

FILED JUL 22 1933 Hunter's or Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22/33

17 I HEREBY CERTIFY, That I attended deceased from July 3/33 to July 21, 1933, that I last saw h[illegible] alive on July 21, 1933 and that death occurred, on the date stated above, at 10-6 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Myocarditis

Asthma (Probably

Thrombosis of Heart

(duration) yrs. one mos. ds.

CONTRIBUTORY (Secondary) Hypertension Nephritis

Edema (duration) 16 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) E. A. Smith, M. D.

7/22, 1933 (Address) 1605 N. Wolfe St.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manchester Cemetery

DATE OF BURIAL: July 24 1933

20 UNDERTAKER: Harry W. Eblen

ADDRESS: 1904 Eastern Ave

Spec.—9-30—A. & Co.—250 Blks.

E 92216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92216

CERTIFICATE OF DEATH.

59 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 No Calhoun ST. 19-01 WARD)

2. FULL NAME Hallette Jr. Kranz

(a) RESIDENCE NO. 313 No Calhoun ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of George A Kranz

6 DATE OF BIRTH (month, day, and year) Feby 5-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry L Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co Md

12 MAIDEN NAME OF MOTHER Hallette Monroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) George A Kranz 313 No Calhoun St

Filed JUL 22 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21-1933

17 I HEREBY CERTIFY, That I attended deceased from July, 1931, to July, 1933

that I last saw her alive on July 20, 1933

and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos. ds.

Chronic Interstitial Nephritis, Myocarditis

(CONTRIBUTORY) (Secondary) & Diabetes (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) L. V. Clift M. D.

7/21, 1933 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL July 24 1933

20 UNDERTAKER D. Vernon Kechner — ADDRESS 1532 Haldeman Ave

M. D. B. 1268-9

E 92217

E 92217 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Madison Ave. (or Ward) 4-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma J. Hall

(a) Residence: No. 1821 Madison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Hall

6. DATE OF BIRTH (month, day, year): July 22-1894

7. AGE: Years 44 | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) ... in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William Johnson

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Mrs Jane Johnson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Bertha E Hall
(Address) 1821 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem Date July 24 1933

19. UNDERTAKER: Bernard O'Rourke & Son
(Address) 818 Emory St

IL JUL 22 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Were there any autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Irvine Beron M. D.
Coroner

(Address)

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92218

CERTIFICATE OF DEATH. 126

E 92218
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital ST. 18-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Charlotte Zamroza

(a) RESIDENCE No. 855 W. Lombard ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Zamroza

6 DATE OF BIRTH (month, day, and year) 7-8-93

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40		13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of Industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer —

9 BIRTHPLACE (city or town)
(State or country) Czecho-Slovakia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant John Zamroza
(Address) 855 W. Lombard St

15 7-20-1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-21-33

17

I HEREBY CERTIFY, That I attended deceased from 7-18-33, 19..., to 7-21-33, 19...

That I last saw her alive on 7-21-33, 19...

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. - mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 7-20-33

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert W. Gellin M. D.

19..... (Address) Bon Secours Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 21 1933

20 UNDERTAKER John Grethauckas — ADDRESS 423 S. Paca St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92219 E 92219

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Md. Gen. Hospital
CITY OF BALTIMORE: (No. Balto. Md St. 17-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Etzel

(a) Residence: No. 110 West 25 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Maria Etzel

6. DATE OF BIRTH (month, day, year) Feb 24 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Etzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 7/24 1933

19. UNDERTAKER Henry U. Mears and Son
(Address) 805 W. Calvert St.

20. JUL 22 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-21 1933 to 7-21 1933

I last saw him alive on 7-21 1933 Death is said to have occurred on the date stated above, at 10 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Hemolyticus Septicemia	7/9/33
Prostatic Hypertrophy - 1 year	
Other contributory causes of importance:	

Name of operation Prostatectomy. Date of 7/17/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. D. Pearce M.D.
(Address) Md. Gen. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92220

CERTIFICATE OF DEATH

X 154 B 92220

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-A1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred - yrs. -- mos. 2 Weeks da. How long in U. S. If of foreign birth? - yrs. - mos. - ds.

2. FULL NAME Carl Thomas Buchness

(a) Residence: No. Catonsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Oct. 30, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

FATHER

13. NAME John A. Buchness

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine M. Horn

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Dr. John A. Buchness

(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 7/24 19 33

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert St.

20. FILED JUL 22 1933 19 Huntington, L.I., N.Y.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to July 21, 1933

I last saw h[illegible] alive on July 21, 1933. Death is said to have occurred on the date stated above, at 4 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of tibia and of right femur	7-13

Other contributory causes of importance:

Septicemia

Name of operation Amputation & Drainage Date of 7-17

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92221

Registered No. 92221

1. PLACE OF DEATH: Baltimore City Hospitals, St., 17-81 (Ward) 46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ...)

Length of residence in city or town where death occurred Life mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Watkins

(a) Residence: No. 673 George St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced: HUSBAND of (or) Honnell Watkins

6. DATE OF BIRTH (month, day, year) Feb 29, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	8	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Watkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Clara Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT ~~Coroner~~ Coroner
(Address) E Watkins

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-22 1933

19. UNDERTAKER David Ford
(Address)

20. Filed JUL 22 1933 19 ... Registrar ... Huntingdon Ave, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to July 20, 1933
I last saw him alive on July 19, 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	1/1/33
Other contributory causes of importance: Bronchopneumonia	7/7/33
Hypostasis of the prostate Gland	7/7
Hemiplegia Secondary	7/7

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. Klingenfeld M. D.
(Address)

M. D. B. 1268-0

92222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 92222

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home St. 1800 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Nick Cicone

(a) Residence: No. 4610 Eastern Ave, City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of Mrs. Gena Cicone (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 19 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 years	6 mos.	24 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Cicone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Tristano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Gena Cicone
(Address) 4610 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Ohio Date 7/24/33

19. UNDERTAKER George J. Ruth Inc
(Address) 1760 Hanford Ave Dayton

20. FILED JUL 22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1933 to 7-21, 1933

I last saw him alive on 7-21, 1933 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of abdomen,	5-12-33
Chronic nephritis with uremia	7-14-33

Other contributory causes of importance:

over

Name of operation none Date of

What test confirmed diagnosis? non-protein nitrogen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gerald H. Jordan, M. D.

(Address) Church Home & Inf

M. H. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92223

E 92223

CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 16-01 Ward)

Length of residence in city or town where death occurred — yrs. 8 mos. — ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Martha C. McNulty

(a) Residence: No. 3002 Arunah on St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James P. McNulty

6. DATE OF BIRTH (month, day, year) Nov. 16. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	73	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

FATHER

13. NAME Isaac Bowers

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

MOTHER

15. MAIDEN NAME Cecilia Eck

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT (Address) Mrs Hope Retreat Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Mt St Marys Date July 24 33

19. UNDERTAKER (Address) J. Thompson Frederick Md

FILED JUL 22 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to July 22, 1933.

I last saw h er alive on July 21, 1933. Death is said to have occurred on the date stated above, at 3.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	?
Chr. Myocarditis	
Ascites	
Other contributory causes of importance:	
Psychosis with Arteriosclerosis	6 yrs

Name of operation Aspiration Date of 7/11/33

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton J. Ibell M. D.

(Address) Mt Hope Retreat.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-33—M. & T.—250 Blks

92224

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-001 E 92224

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Stricker St.) 16-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Love

(a) RESIDENCE No. 913 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Love

6 DATE OF BIRTH (month, day, and year): July 4, 1867

7 AGE: Years 66; Months; Days 17; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Edenton, N. C.

PARENTS

10 NAME OF FATHER: Americus Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Edenton N-C

12 MAIDEN NAME OF MOTHER: Catherine Hixson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Edenton N C

14 Informant (Address): Kate Moseley 913 Stricker St.

15 Filed JUL 22 1933 [illegible] Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-21-33

17 I HEREBY CERTIFY, That I attended deceased from 3-20-, 1933, to 7-21-, 1933, that I last saw her alive on 7-20-, 1933, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertension and arterio Sclerosis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + lab. findings

(Signed) Frank A Saunders M. D.

7-21, 1933 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem.

DATE OF BURIAL: 7/24 1933

20 UNDERTAKER: Samuel T. Hemsley

ADDRESS 578 N Biddle St.

M. D. R. 1268-9

92225 2-7-33 24 Gyn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92225 V 34 E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriet Lewis

(a) Residence: No. 1124 Biggs Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

3a. If married, widowed, or divorced (or) WIFE of John Lewis

6. DATE OF BIRTH (month, day, year) Nov 26 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) last month

11. Total time (years) spent in this occupation 41 years

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Armstrong

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Harlem

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Recorder
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place MT Auburn Cem Date 7/22 1933

19. UNDERTAKER Samuel J. Hemler
(Address) 928 N. Broadway

20. FILED Huntington Williams M.D. Registrar.

L 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-11-1933 to 7-20-1933

I last saw her alive on 7-20 1933 Death is said to have occurred on the date stated above, at 1 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis. Hypertension Cardiac Hypertrophy. Myocardial failure. Pulmonary Edema (12 hours)	6 yrs?

Other contributory causes of importance:

Anemia, secondary. Syphilitic Aortitis

Name of operation none Date of

What test confirmed diagnosis? ✓ Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fred W Keil M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92226

CERTIFICATE OF DEATH

23 E 92226

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Sparks Court St. 9-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin F. Smith

(a) Residence: No. 2008 Sparks Court St., ... Ward.
(Use usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Smith

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Isadore Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Smith
(Address) 2008 Sparks Court

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary. Date July 24 1933

19. UNDERTAKER F. W. Bozoderk
(Address) 1920 W Baltimore

19. FILED ... 1933 Registrar.

JUL 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to July 20 1933

I last saw him alive on July 20 1933 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 1 year
†	
Other contributory causes of importance:	
Myocardial Insuff.	1 mo.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Abel Ziegler M. D.

(Address) 1001 W. Baltimore

Dr. FINEGLOSS

M. D. B. 1268-9

2227

HEALTH DEPARTMENT—CITY OF BALTIMORE B 92227

CERTIFICATE OF DEATH V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Chester Street St. 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Kmieciak

(a) Residence: No. 8 S. Chester Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Kmieciak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Kmieciak
(Address) 8 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 24 1933

19. UNDERTAKER Zwierzynski
(Address) Fayal & Eastern Ave

20. FILED ... 19... W. ... Registrar

LL 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19 1933 to July 19 1933
I last saw him alive on July 19 1933 Death is said to have occurred on the date stated above, at 9:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Lobar Pneumonia	2 days
Other contributory causes of importance:	
Cerebral Hemorrhage	Sudden

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jos. L. Kahlenberg D. M. D.

(Address) 14 S. Broadway

M. D. B. 1268-9

E 92228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92228

CERTIFICATE OF DEATH

V 23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 10-01

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Thomas

(a) Residence: No. 725 Harford ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Thomas

14. BIRTHPLACE (city or town) (State or country) Ridgely Maryland

MOTHER

15. MAIDEN NAME Virgie Turpin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 23 [illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to July 20, 1933

I last saw her alive on July 20, 1933 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933
Tuberculosis of intestines	
Tuberculous peritonitis	
Other contributory causes of importance:	
Tumor of left frontal lobe	Un-known

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. V. Jackson M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92229

CERTIFICATE OF DEATH

93-603 E 92229

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 568 Baker St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward P. Bailey

(a) Residence: No. 568 Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bessie Bailey

6. DATE OF BIRTH (month, day, year) April 29, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Lorenz Bailey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Yancey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bessie Bailey

(Address) 568 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place La Plata, Md. Date July 24, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

20. FILED July 22 1933 Huntington, Williams Co., W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to July 20, 1933

I last saw him alive on July 19, 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — July 20/33

Other contributory causes of importance:

Substernal due to Infection

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. Lee Ellis M. D.

(Address) 924 Madison Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92230

CERTIFICATE OF DEATH

92 E 92230

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 N Gilmor St. 19-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lucy Gerrard

(a) Residence: No. 718 N Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gerrard

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Major Mallhews

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Jane Bayley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph Gerrard
(Address) 718 N Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 24 1933

19. UNDERTAKER Mrs. Katie R Williams
(Address) 324 S. Schroeder St.

20. FILED Huntington Williams, Reg
JUL 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12 1933 to July 21 1933

I last saw h alive on July 20 1933 Death is said to have occurred on the date stated above, at 6.30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Indefinite
Other contributory causes of importance: acute dilatation	Sudden

Name of operation None Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....

(Signed) J Edward Fisher M. D.

(Address) .....

M. D. B. 1269-0

E 92231

92231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X Y 133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 4-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 1 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs. Mary Veronica Arth

(a) Residence: No. Arth Station Annapolis, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Fred A. Arth

6. DATE OF BIRTH (month, day, year) Oct. 28, 1895

7. AGE 38 Years	8 Months	25 Days	If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward Co.

10. Date deceased last worked at this occupation (month and year) April, 1933

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co., Maryland

FATHER

13. NAME William Franklin Schwarmberg

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Catherine Eberbert

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co., Maryland.

17. INFORMANT Mrs. Mary P. Kriez

(Address) 363 west St. Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md. Date July 23 19 33

19. UNDERTAKER B. L. Hopkins

(Address) Annapolis Md.

FILED 22 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to July 23, 1933

I last saw her alive on July 23, 1933 Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

Hydronephrosis left Kidney (only remaining Kidney)

Date of onset

Other contributory causes of importance:

Uraemia

Secondary Anaemia

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Ernest J. L. Hebeulrand M. D.

(Address) St. Agnes' Hospital

M. D. B. 1268-9

E 92232

2232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X437

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 3 7 1 St. 33rd. and Colonial Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Frank Sweacy.

(a) Residence: No. Emporium, Pa. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of Mrs. Frank Sweacy.
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Emporium, Pa.

FATHER

13. NAME Benjamin Sweacy
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Jane Hamilton
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emporium Pa. Date July 22nd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 7-22 1933 Huntington Williamsport, Pa. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 21, 1933
I last saw him alive on July 21, 1933 Death is said to have occurred on the date stated above, at 9:42 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	

Other contributory causes of importance:

Uremia	7-18-33

Name of operation Cystotomy Date of 7/17/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard Hamas M. D.
(Address) Union Memorial Hospital.

M. D. B. 1268-9

92233

E 92233

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynor & Dukeland 15 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 40 yrs. ..... mos. ..... ds.

2. FULL NAME Max Levy

(a) Residence: No. 3738 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery 034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Levy

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Geo Levy (Address) 2905 Rockrose Ave

18. BURIAL, CREMATION, OR REMOVAL Pikesville Hebrew Cem. Date 7/25/ 1933

19. UNDERTAKER Louis Sollins Inc (Address) 1312 E. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 22, 1933

I last saw him alive on July 20, 1933 Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 13, 1933

Other contributory causes of importance:

Chronic Myocardial Disease	?

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. Walter Cohen M.D. M. D.

(Address) 1312 E. Baltimore St

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 92234

E 92234

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. N Balto Hosp St., 16-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Hatfield

(a) Residence: No. 2413 W Lanvale Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie R.
6. DATE OF BIRTH (month, day, year): Feb 24 1878
7. AGE: Years 55 Months 4 Days 27
If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Silk Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Jacob Hatfield
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Elizabeth Gunther
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Annie R. Hatfield
(Address) 2413 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: JUL 24 1933

19. UNDERTAKER: Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED JUL 24 1933 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21st 1933
22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation: Regular Date of: No
What test confirmed diagnosis: Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leslie Cronin, M. D.
Coroner
(Address)

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92235 46 E 92235

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3344 Belvidere ave ST., 27-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Frances Merryman Mayo

(a) RESIDENCE NO. 3344 Belvidere ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Mayo

6 DATE OF BIRTH (month, day, and year) Sept 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59 60	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home Duties

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Thomas Merryman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Martha Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

PARENTS

14 Informant Daniel M. Mayo

(Address) 3344 Belvidere Ave

15 Filed July 23 1933 Registrar Wilmington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 / 33

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1932, to July 21, 1933, that I last saw h alive on July 24, 1933 and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Intest Indigestion (duration) unknown yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & clinical Exam

(Signed) Carl Evans, M. D.

7-22-1933 (Address) 4936 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fluvco. Balto Co — DATE OF BURIAL July 24 1933

20 UNDERTAKER H. C. Brooks Sparks Md — ADDRESS

M. D. B. 1268-9

92236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 92236

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unk. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vance M. Reaves

(a) Residence: No. 666 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT S. P. Ripley
(Address) 706 E 22nd St Charlotte N.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington N.C. Date 7/23, 33

19. UNDERTAKER Leo G. Lock
(Address) 1723 N. Patterson Park Ave. Balto. Md.

20. FILED 7/24, 1933 Registrar 7/19/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Eugene Geller M. D.

7/19/33 (Address) 2734 Eastern Ave Coroner

M. D. B. 1268-9

92237

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92237

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. St., 19-21 Ward)

Length of residence in city or town where death occurred 74 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME Louis Niedel.

(a) Residence: No. 1303 W. Franklin St. St., ---- Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	74	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 166

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hyman Niedel.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Yette Cohen.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. L. Niedel (sisterinlaw)

(Address) 1131 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Cemetery Date July 23 / 1933

19. UNDERTAKER J. Aronson & Son

(Address) 1532 Pennsylvania Ave

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ---- 19---, to ---- 19---

I last saw h--- alive on ---- 19--- Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
Hemiplegia.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ---- 19---

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Century Theatre

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Ag. If so, specify

(Signed) Otto H. Reinhardt M. D.

Coroner

7/22/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

92238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 1/2 E 92238

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Garrison Blvd St.) (15-A Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Rous : Mills

(a) Residence: No. 2502 Garrison Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Frank Mills

6. DATE OF BIRTH (month, day, year) July 29 - 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Josephus Rous

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ann Lockwood

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Kate Mills

(Address) 2502 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date July 24 1933

19. UNDERTAKER Josiah Syfers

(Address) 1600 W Baltimore

20. FILED ... (Registrar)

231933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1933 to 7-22, 1933

I last saw h[illegible] alive on 7-22, 1933. Death is said to have occurred on the date stated above, at 2-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?10
Interstetial nephritis.	2 yrs?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Denny Russell M. D.

(Address) 3902 Broadway

M. D. B. 1268-6

✓ E 92239

92239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1120 South Kane St., 27-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Claire

(a) Residence: No. 1120 South Kane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oliver Claire

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	~~8 9 mo~~	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year) July 20, 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Yate

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Lyers
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 7/23/33

19. UNDERTAKER Mrs. George H. Holland
(Address) 1632 Druid Hill Ave

20. FILED Huntington Williams, M.D.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1933 to July 20, 1933
I last saw her alive on July 19th, 1933 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. Braufman M. D.

(Address) 324 W. Biddle St

AdCo. 5-11 2508

92240 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92240

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital 121 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-81 Ward)

Length of residence in city or town where death occurred? Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jasper Buck

(a) Residence: No. 3608 Springdale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of ~~or WIFE of~~ Fannie Lawrence Buck

6. DATE OF BIRTH (month, day, year) Sept 7th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce Commission 0

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Fannie L. Buck
(Address) 3608 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 24th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st.

20. FILED JUL 28 1933 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to July 22 1933
I last saw him alive on July 21, 1933 death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis	7-18-33

Other contributory causes of importance:

Generalized Peritonitis	7-20-33
Paralytic Ileus	7-21-33

Name of operation Drainage of Peritoneum Date of 7-20-33
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 —
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M. Currie M. D.
(Address) So. Balto. Gen Hosp

M. D. B. No. 92241

HEALTH DEPARTMENT—CITY OF BALTIMORE 2241

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hosp St., 9-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Huebner

(a) Residence: No. 3013 Independence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Henry Huebner (Dead)

6. DATE OF BIRTH (month, day, year) May 6, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 78	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Stelter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Henn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Emanuel Cemetery Date July 25, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Fund St

20. FILED Huntington ~~Williamsport~~, Md. Registered No.

L23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 22, 1933
I last saw her alive on July 22, 1933 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	2
Arteriosclerosis	2
Chronic Nephritis	2
Other contributory causes of importance: Carcinoma of Gall Bladder	2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T Mazzei M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

✓ E 92242

92242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 27-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Gueth

(a) Residence: No. 3303 W. Rogers Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Gueth
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Hengel
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 27th 1933

19. UNDERTAKER Wm Cook
(Address) 1262 W. Pratt St.

Hunter for Williams, Registrar.

FILED JUL 23 1933 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~May~~ July 12, 1930 to July 22, 1933
I last saw h~~er~~ alive on July 22, 1933 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis Disease of Arteriosclerosis	?
Lobar Pneumonia	?
	1 Wk
Other contributory causes of importance:	Some

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magill M. D.

(Address) Balt. City Hosp.

M. D. B. 1263-B

92243

HEALTH DEPARTMENT—CITY OF BALTIMORE

92243

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 25-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Lloyd Turner

(a) Residence: No. 902 Eaton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Turner

6. DATE OF BIRTH (month, day, year) Jan 29, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38 years	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yellow Cab Co.

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Charles County Md.

FATHER

13. NAME James T. Turner

14. BIRTHPLACE (city or town) (State or country) Charles County, Md.

MOTHER

15. MAIDEN NAME Mary Turney

16. BIRTHPLACE (city or town) (State or country) Howard County, Md.

17. INFORMANT Mrs. Charles Turner

(Address) 2917 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 25th 1933

19. UNDERTAKER Wm. Cook

(Address) 1317 E. Pratt St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 21, 1933

I last saw him alive on July 17, 1933 19..... Death is said to have occurred on the date stated above, at 3:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Ruptured Gastric Ulcer

Name of operation Exploratory Date of operation July 15, 33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Mueseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

Daisy W Young ✓ E 92244

92244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N Carrollton Ave. 18-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy W. Young

(a) Residence: No. 430 N Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married.

5a. If married, widowed, or divorced (or) WIFE of Vincent W. Young

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Somerset Co

FATHER

13. NAME Lewis Handy

14. BIRTHPLACE (city or town) (State or country) Md Somerset

MOTHER

15. MAIDEN NAME Louisa Conquest

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Vincent W. Young Jr. Son
(Address) 430 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 23, 1933

19. UNDERTAKER Mrs Katie L. Williams
(Address) 327 E. Lanvale St.

20. FILED Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to July 19, 1933. I last saw her alive on July 18, 1933. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 yr.
Diabetes mellitus	1 yr.

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) R. F. Young M. D.

(Address) 1424 E Monument St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92245 E 92245

CERTIFICATE OF DEATH

× 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 7 & 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister M. Urban (Alice Meehan)

(a) Residence: No. West Chester Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 29. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58 59	8	2 3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Thomas Meehan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McCaffery

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat.

18. BURIAL, CREMATION, OR REMOVAL
Place West Chester Pa Date July 25 33

19. UNDERTAKER Sheridan Morrell
(Address) 1508 Riverside Ave

231933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11 1933 to 19

I last saw her alive on July 19 33 Death is said to have occurred on the date stated above, at 8.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous nephritis	?
	-

Other contributory causes of importance:

Interstitial Melancholia	1932

Name of operation Chemical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Milton P. Heil, M. D.

(Address) Mt Hope Retreat

M. D. B. 1268-9

✓ E 92246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92246

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S Augusta Ave 5-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 50 yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Dannon

(a) Residence: No. 215 S Augusta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dannon

6. DATE OF BIRTH (month, day, year) Dec 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Gillespie

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME —— Melvin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Dannon
(Address) 215 S Augusta

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 7/27 1933

19. UNDERTAKER George A Starling
(Address) Fulton & Fayette

20. FILED Huntington Hillsboro, W. Va.
JL 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933, to July 20, 1933.
I last saw her alive on July 19, 1933. Death is said to have occurred on the date stated above, at 1045 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Ernest L Spence Jr. M. D.

(Address) Freedmen's Augusta Ave

M. D. B 1268-9

E 92247

HEALTH DEPARTMENT—CITY OF BALTIMORE

2247

CERTIFICATE OF DEATH

X 82-001

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caton + Wilkens ave St. 25-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Jane A. Boshart

(a) Residence: No. Pasadena, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Boshart

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Tierney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John E. Rider Jr.
(Address) 331 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 24, 1933

19. UNDERTAKER Harry H. Kuhlke
(Address) 401 E. Monument Ave

20. FILED Huntington Williams, Registrar.
JUL 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 19 . 1933 to July 21 . 1933

I last saw her alive on 7/21/33 . 19 ... Death is said to have occurred on the date stated above, at 6.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Left Side)	7/19/33
Other contributory causes of importance: Hypertension	?

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John C. Dunlop M. D.

(Address) St. Agnes Hospital.

M. D. H. 1268-9

92248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

E 92248 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 21-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Homan

(a) Residence: No. 1074 Nanticoke St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Altoona, Pa

FATHER

13. NAME Samuel Homan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alice M Fisher

(Address) 109 W Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date July 25 1933

19. UNDERTAKER Harry H. Wilhelm

(Address) 1101 Edmondson Ave

20. FILED Huntington Williams Jr. M.D.

(Registrar) 7-25-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ingury, 19 . to , 19

I last saw him alive on ingury, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism following Multiple Fractures	
Other contributory causes of importance: Automobile Accident	7/4/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 4, 1933

Where did injury occur? Wash. Blvd & Milford Cross Rds (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Truck he was riding in

Nature of injury collided with another Truck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Kenny, M. D. Coroner

(Address) 2200 E Monument

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92249 92249

CERTIFICATE OF DEATH

123

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore Gen Hosp
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Fifer
(a) Residence: No. 1800 Bethel St., 1711- Lamont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Cole

6. DATE OF BIRTH (month, day, year) 9/14/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C23

10. Date deceased last worked at this occupation (month and year) 3 ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H. Fifer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Clara E. Stakeley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Linda E Cole Fifer
(Address) 1711-Lamont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lakewood Date 7/24/33

19. UNDERTAKER Geary & Ruth Inc
(Address) 1 E Eutaw Ave Balto

20. FILED 7/24/33 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to July 21, 1933
I last saw him alive on July 21, 1933 death is said to have occurred on the date stated above, at 3:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jejuno-colic fistula (spontaneous)	7 1933
Malnutrition	7/20/33
Myocardial failure	

Other contributory causes of importance:

Name of operation jejunocolostomy Date of 7/14/33
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. M. Cassard M. D.
(Address) So. Balto. Gen. Hosp.

M. D. B. 1268-9

E 92235 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92250

CERTIFICATE OF DEATH

✓ 124-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Bal...) Baltimore City Hosp. 17-01 (St., Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph J. Harrison Sr.

(a) Residence: No. 508 W. Franklin St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Edith Harrison

6. DATE OF BIRTH (month, day, year): Sept 1, 1869

7. AGE: Years 63 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Com. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oils

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md.

FATHER

13. NAME: Clement Harrison

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Martha Camblett

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Friends

(Address): Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: All Saints Cemetery Date: July 24, 1933

Place: Calvert Co. Md.

19. UNDERTAKER: John F. Denny

(Address): 715 Light St.

Huntington Williams, Registrar.

FILED JUL 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to July 21, 1933

I last saw ... alive on July 21, 1933 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	?
Delirium Tremens	1 mo
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. B. Magill, M. D.

(Address) Balt. City Hosp.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92251

CERTIFICATE OF DEATH

92251

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Howard

(a) Residence: No. 653 W. Mulberry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-2-01

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Richard Howard

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lottie Cherry

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Balto City Hosps

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date July 24 19 33

19. UNDERTAKER Adolphus Halstead

(Address) Catonsville Md

20. FILED JUL 24 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20- 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-11- 1931 to 7-20- 1933

I last saw him alive on 7-20- 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculos Pneumonia	Unk.
Other contributory causes of importance: Alcoholic Psychosis Acute + Chronic Hallucinosis	Unk.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. W. Goodwin M.D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 92252 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163E 92252

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE, (No.) Women Hosp St. 12-01 Ward)
(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d

2. FULL NAME Annie Laura Lisselberger

(a) Residence: No. 99 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 15 1867

7. AGE: Years 65 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Jos Lisselberger
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Catura McWilliams
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Geo Lisselberger 99 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem't Date: July 25 33

19. UNDERTAKER (Address): Fortiana & Fox 2330 Charles St

Filed: JUL 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Duration

Cerebral Hemorrhage — 1 Day
Bilateral Pneumonia — 5 Days
Pneumonia — July 19 —

Other contributory causes of importance:

Uremia — 5 Days

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy ...
23. If death was due to external causes (violence) fill in the following: Also the f...
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? 99 W Lanvale (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in pub... place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased ...
If so, specify ...

(Signed) H. C. Funk Coroner M.
(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92253

CERTIFICATE OF DEATH

V 82 E 92253

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stefanie Ptacek

(a) Residence: No. 4701 Charleston Ave. St., Brooklyn, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Ptacek

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER FATHER

13. NAME Edward Ulick

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

15. MAIDEN NAME Maria Brechtol

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT Frank Ptacek

(Address) 4701 Charleston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bedestha Date July 25, 1933

19. UNDERTAKER Frank Proctor Sons

(Address) 1906 Edmondson Ave, Baltimore, Md

JUL 24 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	7/22/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

A&Co. 5-31 250B

2254

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92254

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 S. Macon St. 7-6-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Trogg

(a) Residence: No. 338 S Macon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

13. NAME Wallace Trogg

FATHER

14. BIRTHPLACE (city or town) (State or country) Staunton Va.

15. MAIDEN NAME Margaret Stone

16. BIRTHPLACE (city or town) (State or country) Christiansburg Va.

17. INFORMANT Wallace Trogg
(Address) 338 S. Macon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Morelands Date July 24 1933

19. UNDERTAKER John F. Connelly
(Address) Essex Md.

CERTIFIED
JUL 24 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 23, 1933
I last saw her alive on July 23 1933 death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea & Enteritis	
Toxaemia	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Vincent M Mesaros, M. D.
(Address) 102 W Oxford St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92255 ✓ 46 E 92255

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John S. Hofmeister

(a) Residence: No. 2625 Eastern ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lenora Hofmeister

6. DATE OF BIRTH (month, day, year) July 16, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Hofmeister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Inna Frenerickn

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Lenora Hofmeister

(Address) 2625 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 7/25 1933

19. UNDERTAKER J. P. Moran

(Address) 3006 E. Baltimore St.

20. FILED JUL 24 1933 Clinton Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23- 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-28- 1933 to 7-23- 1933

I last saw him alive on 7-23- 1933. Death is said to have occurred on the date stated above, at 2.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of distal portion of Esophagus	1905?

Other contributory causes of importance:

Starvation acidosis
Myocardial failure

Name of operation Esophagoscopy Date of 6-3-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. E. Pearce M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92256

E 92256

CERTIFICATE OF DEATH

v 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hardy Jones

(a) Residence: No. 106 Henrietta st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Summerton South Carolina

FATHER

13. NAME Willie Jones

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Ann Boyd

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19....

19. UNDERTAKER Walter B. Spriggs
(Address) 137 Pennsylvania Ave.

[illegible] 24 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to July 20 1933

I last saw him alive on July 20 1933 Death is said to have occurred on the date stated above, at 11.25 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933
Other contributory causes of importance:	

Name of operation ..... Date of ..... 19....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. V. Jackson M. D.

(Address) Baltimore City Hospitals

M. D. F 1268-9

E 92257 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92257

CERTIFICATE OF DEATH

7V121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Carol Lee Hichew

(a) Residence: No. Overlea - Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 18-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
12	11	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME A. Lee Hichew M.D.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elsie M. Guy

16. BIRTHPLACE (city or town) (State or country) Westernport, Md.

17. INFORMANT Dr. A Lee Hichew
(Address) Northern Parkway & Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Memorial Park Date July 24, 1933

19. UNDERTAKER George W. Linkler
(Address) 1737 E. Eager St.

JUL 24 1933 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21- 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-10-33, 19..., to 7-21 1933

I last saw h alive on 7-21 1933. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following acute appendicitis	
Other contributory causes of importance: Cardiac collapse.	

Name of operation appendectomy Date of 7/10/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 1330 Eutaw St.

M. D. B. 1268-0

E 92258 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92258

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 E. West St St. 24 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Smith

(a) Residence: No. 143 E. West St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Smith

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Calvert Co. (State or country)

FATHER

13. NAME John Sullivan

14. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Charles H. Smith

(Address) 143 E. West St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 26, 1933

19. UNDERTAKER J. Frew McCully

(Address) 130 E. Fort.

JUL 24 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1933

I last saw her alive on July 23, 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinite)	
Other contributory causes of importance:	
~~Cirrhosis~~ Aortic Dilatation & Heart	7/24/33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

Signed W. R. Campbell M. D.

(Address) 1644 Hanover St

M. D. B. 1268-9

92259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23E 92259

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Eb.) 3-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Mae Rawls

(a) Residence: No. 220 S. Caroline st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 11, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 67 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Hoyt Best

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ida Jolly

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address) B. C. H.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date July 24 1933

19. UNDERTAKER Wendell F. Dippel

(Address) 300 E. Eden St

20. FILED 7-24 1933 Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1933, to July 18, 1933

I last saw her alive on July 18, 1933. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1933
Pulmonary hemorrhage	7-18-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Jackson, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 92260 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92260

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Bush St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma M Conway.

(a) Residence: No. 1519 Bush St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J Conway

6. DATE OF BIRTH (month, day, year) May 10th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr Michael J Conway

(Address) 1519 Bush St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date 7/25/ 1933

19. UNDERTAKER John J Conway & Son

(Address) 901 Hollins St

Signed Walter Williams, M.D. Registrar.

JUL 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22/ 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to July 22 1933

I last saw her alive on July 22 1933. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1931
Chronic Interstitial Nephritis	1932
Cerebral Hemorrhage	7/20/33

Other contributory causes of importance:

Aortic Heart Disease	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M O'Neill M. D.

(Address) 108 N Fulton Ave

M. D. B. 1268-9

E 92261 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92261

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals TB Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4 to 10 St. 17-21 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Washington

(a) Residence: No. 513 W. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Washington

6. DATE OF BIRTH (month, day, year) 1-23-?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Richmond, Va
(State or country)

FATHER

13. NAME Edward Burrell

14. BIRTHPLACE (city or town) Richmond,
(State or country) Va.

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) Richmond
(State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL Not Cremated

Place July 24 Date July 24, 1933

19. UNDERTAKER Dant Eastern
(Address) 416 Eutaw

24 1933 Huntington, Indiana, R.F.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/19, 1933, to 7/23, 1933.

I last saw her alive on 7/23, 1933. Death is said to have occurred on the date stated above, at 9.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1932

Other contributory causes of importance:

Spontaneous Pneumothorax

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M W Jacobson, M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

Anna Snyder. Crouse

92262

HEALTH DEPARTMENT—CITY OF BALTIMORE

92262

XV 46

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Snyder Crouse

(a) Residence: No. Emmitsburg Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H Crouse

6. DATE OF BIRTH (month, day, year) March 29, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
67	3	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Adam Snyder

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Hannah Bitzer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT John H Crouse
(Address) Emmitsburg Md

18. BURIAL, CREMATION, OR REMOVAL.
Place Fairview Pa Date July 26 1933

19. UNDERTAKER M. J. Ullrich
(Address) Fairfield Pa

FILED JUL 24 1933

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 , 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18th , 1933 , to July 24th , 1933

I last saw h.e alive on July 24th , 1933. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia following operation	2 days
on infected Carcinoma of Colon	1½ yrs.

Other contributory causes of importance:

Name of operation Colostomy & Ileo colostomy Date of July 22

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... , 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Richard Francis , M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-9

E 92263

HEALTH DEPARTMENT—CITY OF BALTIMORE

92263

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. , mos. ..da. How long in U. S. If of foreign birth? yrs., mos. da.

2. FULL NAME Mr Charles G. Tall

(a) Residence: No. 3404 W. Northern St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Julia B Tall

6. DATE OF BIRTH (month, day, year) Jan 13, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U A Z & Co

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md

FATHER

13. NAME Samuel Tall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lavinia Kinna

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Webster C Tall (son)
(Address) 5308 Tilbury Way

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date July 26 1933

19. UNDERTAKER William J Tubman & Sons
(Address) North & Pennsylvania Ave

20. [illegible] Huntington Williams M.D.

JUL 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933 to July 23, 1933
I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 11½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	

Other contributory causes of importance:

trauma	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) N. Am. Lumpkin M. D.

(Address) Temple Gardens Rd 3250

M. D. B. 1268-9

92264

HEALTH DEPARTMENT—CITY OF BALTIMORE

92264

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Chester St. 801 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Francis Brannan

(a) Residence: No. 1332 Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Oct. 1931

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Lancaster Pennsylvania

MOTHER FATHER

13. NAME William Brannan

14. BIRTHPLACE (city or town) (State or country) Monaley Co. Ireland

15. MAIDEN NAME Jane Byrne

16. BIRTHPLACE (city or town) (State or country) Kildare Ireland

17. INFORMANT Mary Brannan

(Address) 1332 N. Chester

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 26, 1933

19. UNDERTAKER Richard F. Cooley

(Address) 1700 E. Baltimore

Huntington Wellington, N.

FILED JUL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to July 23, 1933

I last saw him alive on July 22, 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic cardio vascular disease	Feb. 1933
Other contributory causes of importance: Chronic glomerular nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Paul Leonard M. D.

(Address) 2205 Eutaw St.

M. D. B. 1268-9

92265

HEALTH DEPARTMENT—CITY OF BALTIMORE

92265

CERTIFICATE OF DEATH

X 1/33

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 6 Ward)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Dorsey Michael

(a) Residence: No. Perryman, Maryland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7 8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo W. Michael

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susane Thompson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Church Home
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Abingdon Md Date July 24, 1933

19. UNDERTAKER Wm J. Tichenor & Sons
(Address) North St
Huntington Williamsport, Md
Registrar.

JL 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933 to July 24, 1933

I last saw her alive on July 23, 1933 Death is said to have occurred on the date stated above, at 8 A. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perinephritic abscess	[redacted] 6/28/33
Other contributory causes of importance: Hypostatic pneumonia	7/18/33

Name of operation Cystoscopy - Drainage Date of 6/30/33 7/12/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Richard C. Hauver, M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92266 92266

CERTIFICATE OF DEATH

157-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hubley

(a) Residence: No. 803 Woodward St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	(5. Single, Married, Widowed, or Divorced (write the word))
Female	White	Newborn

5a. If married, widowed, or (divorced) HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) 7/16/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edwin Hubley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dorothy Agnes Welsh

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother (Address) 803 Woodward St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 24 1933

19. UNDERTAKER [illegible] Health.

(Address) [illegible]

JUL 24 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/20 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/16 1933 to 7/20 1933

I last saw h[illegible] alive on 7/20 1933. Death is said to have occurred on the date stated above, at 10:30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-Encephalocele	Birth

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E Savage, M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

E 92267 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92267

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Brumley

(a) Residence: No. Prospect Park, Md. St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Brumley

6. DATE OF BIRTH (month, day, year) Jan 10, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse-trainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 196

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME James Brumley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Grau

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Univ. of Md. Date July 24 1933

19. UNDERTAKER Dan'l Stone Hall (Address)

20. FILED 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16 1933 to July 18 1933

I last saw him alive on July 18 1933 Death is said to have occurred on the date stated above, at 9.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	7-16-33
Uremia	7-16-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. B. Magill M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

E 92268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92268

46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 76-01 Ward)

Length of residence in city or town where death occurred Lives yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kelly

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Kelly (Dead)

6. DATE OF BIRTH (month, day, year) Oct 16, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 21

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME John Allen

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 21, 1933

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933 to July 20, 1933

I last saw him alive on July 20, 1933 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Metastasis to Liver	?
Anaemia, Secondary	-
Other contributory causes of importance:	
Rt. Hemiplegia following Cerebral accident	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. E. Nagel M. D.

(Address) Balt. City Hosp.

M. D. R. 1268-9

9269

HEALTH DEPARTMENT—CITY OF BALTIMORE E 9269

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Barrus

(a) Residence: No. 607 S. Bond st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosalie Barrus

6. DATE OF BIRTH (month, day, year) June 24, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Barrus

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Amanda Savanger

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date July 24 19 33

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to July 21 1933
I last saw him alive on July 21 1933 Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Unknown	
Other contributory causes of importance:	
	4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. V. Jackson M. D.

(Address) Baltimore City Hospitals

#7 1933 0667

M. D. B. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92270

CERTIFICATE OF DEATH

23E 92270

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 420 N. Ann St. 2-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Towns

(a) Residence: No. 420 N. Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lonnie Towns

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Infield, N.C.

13. NAME Carey Towns

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Henrietta Burr
(Address) 420 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 24, 1933

19. UNDERTAKER
(Address)

JUL 24 1933

19. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. S. N. Pacen Coroner, M. D.

(Address) 501 E. Ann St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92271 E 92271

CERTIFICATE OF DEATH

92271 119 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1217 N. Parrish (Ward) 16-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Mae Derrick

(a) Residence: No. 1217 N. Parrish Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20 1931

7. AGE Years 1 Months 2 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Mrs Derrick

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Emma Green

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Derrick (Address) 1217 N. Parrish

18. BURIAL, CREMATION, OR REMOVAL Place Emmanuel Cem Date Jul 26 1933

19. UNDERTAKER (Address)

20. Filed JUL 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Enteritis 7 days

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Leek Coroner M. D.

(Address) Coroner

M. D. R. 1268-9

E 92272

92272 HEALTH DEPARTMENT—CITY OF BALTIMORE

34

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Declared dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Price

(a) Residence: No. 816 N. Caroline St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal, Md Date July 24, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED July 24 1933 Fenwick & Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Syphillis (Tertiary)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Diag at City Hospital Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) 508 E Fort Ave Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92273

CERTIFICATE OF DEATH

13 E 92273

1. PLACE OF DEATH

CITY OF BALTIMORE: (Ins.) Baltimore City Hosp St. 5-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Weathersporn

(a) Residence: No. 604 N Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Florence Weathersporn

6. DATE OF BIRTH (month, day, year) ? 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem. Date July 25 1933

19. UNDERTAKER Mrs R. A. Redlich (Address) 22 E. Lexington St

21. FILED 24 1933 Huntington Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 21, 1933

I last saw him alive on July 21, 1933 Death is said to have occurred on the date stated above, at 3:20 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Tuberculosis Pulmonalis	?
Uremia	1 wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Phagan, M. D.

(Address) Balt City Hosp.

M. D. B. 1268-9

E 7 12274

HEALTH DEPARTMENT—CITY OF BALTIMORE D 12274

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ophelia Williams

(a) Residence: No. 1227 E Lexington St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard

6. DATE OF BIRTH (month, day, year) 6-25-96

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME James Gilchrist

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Ella Mayer

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date July 27 1933

19. UNDERTAKER Mrs K. A. Eldridge

(Address) 1129 N Greenmount Ave

Huntingtown Calvert Co. Md.

20. FILED 7/27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to July 23, 1933

I last saw h.r alive on July 23, 1933 Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tbc.	3/33
Tbc Meningitis	3 wks
	7/3/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Smear P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-0

92275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 92275

X 137

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 35 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank Thomas Babylon

(a) Residence: No. Westminster, Md. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Josiah Babylon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lidia Hanifly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Cemetery Date July 27, 1933

19. UNDERTAKER H. Bankard & Son

(Address) Westminster Md

Filed ... 19... Registrar.

24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~July~~ June 22 1933 to July 24, 1933

I last saw h.. alive on July 24, 1933 Death is said to have occurred on the date stated above, at 11 35 A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure.
Prostatic hypertrophy
Urinary infection

Date of onset
July 17
July 1
May 1
past

Other contributory causes of importance:

Name of operation Resection of prostate Date of July 12, 1933

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

E 92276

92276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Thomas

(a) Residence: No. 861 N. Curley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) July 24, 1933

7. AGE Years	Months	Days	If LESS than 1 day, 9 hrs. or ... min.
4 hours			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 0 0 0

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Angela Mummert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Angela Thomas
(Address) 861 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med College Date July 24, 1933

19. UNDERTAKER ...
(Address) ...

20. FILED JUL 24 1933 Hunting & Williams Funeral Director

0659

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933 to July 24, 1933

I last saw her alive on July 24, 1933. Death is said to have occurred on the date stated above, at 8 46/a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Robert Cohen, M. D.

(Address) Sinai Hospital

M. D. R. 1268-9

E 92277

92277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Alma Gunkham

(a) Residence: No. Towson, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 31-1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	6	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jamestown Md

FATHER

13. NAME William Gunkham

14. BIRTHPLACE (city or town) (State or country) Md Balto. Co

MOTHER

15. MAIDEN NAME Ethel Gross

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mrs Mayers Cem Date July 25, 1933

19. UNDERTAKER E. Smith & Son

(Address) Jamestown Md.

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24 X, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-21-~~33~~, 1933, to 7-24, 1933

I last saw h.e alive on 7-24, 1933 Death is said to have occurred on the date stated above, at 10:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Scarlet fever	7-20-33

Other contributory causes of importance:

Name of operation appendectomy Date of 7-14-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard France M. D.

(Address) Union Memorial Hospital

4 1933 Arlington Athens, Ga

M. D. B. 1268-B

92278

HEALTH DEPARTMENT—CITY OF BALTIMORE

92278

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133-E.Oliver Street St., 8-01 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allan R. Bagwell

(a) Residence: No. 2133-E.Oliver Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 8/2/1906

7. AGE Years	Months	Days	If LESS than 1 day hrs. or XXXXX
26	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry W. Bagwell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Susan (Smith)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Harry W. Bagwell
(Address) 2133-E.Oliver Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/25/33 19

19. UNDERTAKER Emory L. Ruth & Son
(Address) 1735-Harford Ave.

19 E 1 7 4 1933 Lexington Hillcrest, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to July 23 1933

I last saw him alive on July 22 1933 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Decompensated	1½
Cardiac Embolism.	1 wk.

Other contributory causes of importance:

Chronic Pancreatitis, Moderate	2 Yrs

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Thos. Fe Stevens M. D.

432 (Address) 2826 Sharpe Rd

M. D. B. 1268-9

E 92279

E 92279 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315-Ellamont Street St. 15-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia D. Streett

(a) Residence: No. 2315-Ellamont Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Street

6. DATE OF BIRTH (month, day, year) 11/1/1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nicholas Scheib

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary E. Plack

(Address) 2315-Ellamont Street

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 7/25/33 19

19. UNDERTAKER Geo. J. Ruth Sr

(Address) 1735-Harford Ave.

20. FILED 7/24 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to July 23 1933

I last saw h alive on July 22 1933 Death is said to have occurred on the date stated above, at 11 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 6 33

Other contributory causes of importance:

old age

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert L. Slade M.D. M. D.

(Address) 719 Med. Arts Bldg

2286 1268-0

E 92280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 24-61 Ward)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Josephine Kelly

(a) Residence: No. Mt Hope Retreat St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frances Josephine Gross

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Date 7/25/33 19
Place Loud Cathedral

19. UNDERTAKER J. Wesley Coe
(Address) 22 N. Howard St.

20. FILED ... 19 ...
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to July 23 1933

I last saw h.. alive on July 23, 1933. Death is said to have occurred on the date stated above, at 1:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1932
Other contributory causes of importance:	
Dementia Praecox	1906

Name of operation None Date of .....

What test confirmed diagnosis? Phy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilton P. Heal, M. D.

(Address) Mt Hope Retreat.

M. D. B. 1268-9

E 92281

92281

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4702 Hazelwood ave St. 76-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Naomi Schmidt

(a) Residence: No. 4702 Hazelwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles Schmidt

6. DATE OF BIRTH (month, day, year) May 10- 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Stephen Schley

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Anna Schaaf

16. BIRTHPLACE (city or town) (State or country) Baltimore md.

17. INFORMANT Mrs. Fred Zimmelman

(Address) 4702 Hazelwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 25 1933

19. UNDERTAKER George W. Zepp & Son

(Address) 1057 E Lafayette

20. FILED ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to July 22, 1933

I last saw h... alive on July 22, 1933. Death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Laryngitis — Date of onset

Other contributory causes of importance:

Pulmonary T. B. — Date of onset

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Chas. Simons M. D.

(Address) 4702 Hazelwood Ave

Spec—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92282

131

92282

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1818 N. Chester St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Frances Wilkins

(a) RESIDENCE NO. 1818 N. Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 14 1878

7 AGE: Years 55 | Months 5 | Days 17 | IF LESS than 1 day ..... hrs. or ..... min. 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): General 069

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Joseph Wilkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: Frances Townley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: Wm E. Woods

(Address): 1818 N. Chester

15 Date Received: JUL 24 1933 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23rd 1933

17 I HEREBY CERTIFY, That I attended deceased from May 5th, 1933, to July 21st, 1933, that I last saw her alive on July 21st, 1933, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(duration) ..... yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 7 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. T. Saunders, M. D.

7/24, 1933 (Address) 719 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial: July 26 1933

20 UNDERTAKER: Rita Wiedefeld ADDRESS 914 Gramm Ave

M. D. B. 1268-9

E 92283 **HEALTH DEPARTMENT—CITY OF BALTIMORE** X 936003 E 92283

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Ader

(a) Residence: No. Phila. Rd & Schiphorst Terrace Ward Rosedale Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Ader

6. DATE OF BIRTH (month, day, year) Sept 28-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Ader

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Ader

(Address) Phila Rd & Schiphorst Terr.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 27 1933

19. UNDERTAKER John C. Miller

(Address) 2435 E. Oliver St.

JUL 24 1933 Livingston Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-13- 1933 to 7-24 1933

I last saw him alive on 7-24 1933 Death is said to have occurred on the date stated above, at 8 A .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day
Cerebral Thrombosis	2 days
Other contributory causes of importance:	
arteriosclerosis	5 yr.
Chr. myocarditis	8 mos.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A.R. Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

92284 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92284

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Balto. City Hospitals TB-01

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nannie Mae Riley

(a) Residence: No. 321 E. 21½ St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milford Riley

6. DATE OF BIRTH (month, day, year) July 23, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Unknown South Carolina

FATHER

13. NAME John Burton

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Addie Marquis

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 7/25 19 33

19. UNDERTAKER Rayner Sanders

(Address) 1415 E. Preston St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to July 22 1933

I last saw her alive on July 22 1933 Death is said to have occurred on the date stated above, at 2:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. 1933

Other contributory causes of importance:

Tuberculous Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M.W. Jacobsen, M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92285 +V 15E-804 E 92285

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Roberts

(a) Residence: No. Bridge Ave, Chesaco Park. St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 7/32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	10	16	16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

13. NAME John F. Roberts

14. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

15. MAIDEN NAME Ruth Wenner

16. BIRTHPLACE (city or town) (State or country) Brunswick, Md.

17. INFORMANT John F. Roberts

(Address) Chesaco Park

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date July 25, 1933

19. UNDERTAKER John E. Connelly

(Address) Essex Md

20. FILED 7/27, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Jaundice Toxemia

Date of onset

Other contributory causes of importance:

Congenital Absence of gall bladder.- Granular Liver

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Cain Coroner, M. D.

(Address) Rockville Md

M. D. B. 1265-0

E 92286

HEALTH DEPARTMENT—CITY OF BALTIMORE

92286 E 92286

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward) 4-01 193

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Tipton

(a) Residence: No. Ardmore A.A. Co. Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 15-1879

7. AGE: Years 54 | Months 1 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W.B. & A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Tipton

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Ann Harlan

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Evelyn Tipton

(Address) Pasadena Md

18. BURIAL, CREMATION, OR REMOVAL: Place Pasadena Date July 26/33, 19

19. UNDERTAKER: George L. Schwab

(Address) 227 Eastern Ave

REGISTERED JUL 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocuted	7/24/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/24, 1933

Where did injury occur? W.B. & A. R.R. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry,

Manner of injury Lineman touching live wire

Nature of injury Electrocuted

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify (a) ... (b) ...

(Signed) ... M. D. Coroner.

(Address) ...

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92287 E 92287

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 N. Calvert St. 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Holden

(a) Residence: No. 2225 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Daniel Holden

6. DATE OF BIRTH (month, day, year) April 22nd 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Fentz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Hare

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Grace B. Larmour
(Address) 2225 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 25th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ~~July 12~~ 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1933, to July 21st, 1933

I last saw her alive on July 21st, 1933. Death is said to have occurred on the date stated above, at 3.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis	July 7 33

Other contributory causes of importance:

Unknown

Name of operation Not any Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Jon Conrad T. Bodley, M. D.

(Address) 1902 Maryland Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92288

CERTIFICATE OF DEATH

E 92288
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Pennsylvania Ave. Ward 17-C)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick C. Gittermann

(a) Residence: No. 918 Pennsylvania Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Gittermann

6. DATE OF BIRTH (month, day, year) Feb. 10. 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 5

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Saxe Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gittermann
(Address) 918 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/25 1933

19. UNDERTAKER Wm. Lochte
(Address) 1514 E. Fort Ave.

20. FILED JUL 25 1933 Washington Williams (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1933 to July 23, 1933
I last saw h alive on July 23, 1933 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	1 day
Other contributory causes of importance:	
Cardiac Renal disease	3 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. Gittermann M. D.

(Address) 1038 Eutaw

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92289 92289

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 W. North Ave. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha E. Brown

(a) Residence: No. 2505 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of ——— or (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) June 8th, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Prince George Md

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Prince George Md

MOTHER

15. MAIDEN NAME Bertha E. Brown

16. BIRTHPLACE (city or town) (State or country) Prince George Md

17. INFORMANT William Rice

(Address) 640 Dryden Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 26th 1933

19. UNDERTAKER Wm Cook

(Address) 129 E. Saratoga St

20. FILED JUL 25 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15th, 1933 to July 23, 1933

I last saw her alive on July 23, 1933 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Chr. Nephritis	—
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. Lazuhin, M. D.

(Address) 2128 W. North Ave

M. D. R. 1268-9

E 92290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92290

Registered No. 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Duvall Ave St., 45-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Siegel

(a) Residence: No. 3706 Duvall ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louis

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Schnapper

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry M Siegel

(Address) 3706 Duvall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Southern ave Date July 25 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

Huntington Williams Asst. Registrar.

JUL 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to July 24, 1933

I last saw h[illegible] alive on July 24 1933 Death is said to have occurred on the date stated above, at 2 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurg - Nephritis	1932
Other contributory causes of importance: Pulmonary oedema	7-24-33

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Charles F Blake M. D.

(Address) 20 E Preston St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92291 E 92291

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1779 W. North Ave St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Allen Russell

(a) Residence: No. 1779 W. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewis Town Del.

MOTHER FATHER

13. NAME Thos Russell

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary Steele

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Mary Russell

(Address) 1779 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 25, 1933

19. UNDERTAKER Harry W. Ebken

(Address) 1944 W. North Ave

20. Filed JUL 25 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1933 to July 24, 1933

I last saw her alive on July 23, 1933. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1932
Other contributory causes of importanre:	
Chr. Myocarditis	1925

Name of operation none Date of —

What test confirmed diagnosis? Hyaline Casts Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James Brown M. D.

(Address) 1663 W. North Ave

M. D. B 1268-0

Mary Lulu Vessel Ebert

HEALTH DEPARTMENT—CITY OF BALTIMORE

92292

CERTIFICATE OF DEATH

V 54 E 92292

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hospital Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lula Vessel Ebert

(a) Residence: No. 443 S. Parish St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Ebert.

6. DATE OF BIRTH (month, day, year) 1/25/1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Boyd

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Dwan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary E. Williams

(Address) 443 S. Parish St

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem Date 7-26 1933

19. UNDERTAKER Leonard Keogh

(Address) 505 Washington Blvd

20. Filed JUL 25 1933 Huntington Williams, Registrar

L 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/23 1933 to 7/23 1933

I last saw h.. alive on 7/23 1933 Death is said to have occurred on the date stated above, at 2:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid uterus	

Other contributory causes of importance:

Secondary anemia	4 ms.
Pulmonary edema	1 day

Name of operation ..... Date of 1933

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1269-9

E 92293

HEALTH DEPARTMENT—CITY OF BALTIMORE

92293

CERTIFICATE OF DEATH

Brooklyn 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 6th St., 25 Ward)

Registered No. 25501

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis A. Miller

(a) Residence: No. 3717 6th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Miller

6. DATE OF BIRTH (month, day, year) Nov 10 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Miller
(Address) 3603 5th St Brooklyn md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 25, 1933

19. UNDERTAKER John F Dennis
(Address) 715 Light St

20. FILED JUL 25 1933, 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933 to July 22, 1933

I last saw him alive on July 20, 1933 Death is said to have occurred on the date stated above, at 7.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis.	May 1933

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. D. Routh, M. D.

Address 4813 Pennington Ave

M. D. B. 1268-2

E 92294

HEALTH DEPARTMENT—CITY OF BALTIMORE

92294

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Druid Hill St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Robinson

(a) Residence: No. 805 Druid Hill St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillie Robinson

(Address) 805 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL Druid Cem. July 25 1933

19. UNDERTAKER Bernard O'Shea Funeral Dir.

(Address) 818 Druid Park Lake Dr.

JUL 25 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and myocarditis	

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Kruth Coroner, M. D.

(Address) 20 E. Franklin

M. D. H. 1268-9

E 92295

92295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3125 Pelham Ave St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Schuller

(a) Residence: No. 3125 Pelham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Schuller

6. DATE OF BIRTH (month, day, year) July 10/1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Robert Short

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sophie ~~Short~~

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Sophie Short

(Address) 3125 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL Balto Cem Date July 25 1933

19. UNDERTAKER for J. Stud Davis Son

(Address) 300 W. Lanvale Ave

JUL 25 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23/33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at about 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Not Determined

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

M. D. B. 1268-0

E 92296

92296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 N. Charles Street St. 12-al (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie C. Brumbaugh

(a) Residence: No. 2321 N. Charles Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Upton S. Brumbaugh

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Katharine S. Stake

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT M. C. Thompson
(Address) Hollywood Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md Date 7/26/33. 19

19. UNDERTAKER John O Mitchell & Son
(Address) 1900 Eutaw Street

FILED 7/25/1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7 . 19 31 to July 23 . 1933
I last saw her alive on July 23 . 19 33 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	?
Other contributory causes of importance:	
Arterio-sclerosis hypertension	?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E E Nichols M. D.
(Address) Pikesville, Md.

M. D. B. 1268-B

E 92297

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92297

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Luther J. Muller

(a) Residence: No. 139 Blakuster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lucy Muller

6. DATE OF BIRTH (month, day, year) April 30, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co.

10. Date deceased last worked at this occupation (month and year) July 16, 1933

11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Frederick Muller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Evelyn Jones ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Date July 26 1933

19. UNDERTAKER Richard J. Grey & Co.
(Address) 1620 Eutaw Place

[illegible] Registrar.

JUL 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1933 to 7-22, 1933

I last saw him alive on 7-22, 1933. Death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Diabetes Mellitus	
Arteriosclerosis & Hypertension	
Other contributory causes of importance:	
Uremia	7-17-33
Pulmonary edema	7-22-33
Cardiac failure	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Esther L. Chance M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

E 92298 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92298

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 W. West St., 23-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Beal R. Lavey

(a) Residence: No. 18 W. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie E. Lavey

6. DATE OF BIRTH (month, day, year) Feb. 7, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co

FATHER

13. NAME Rubin Lavey

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Jennie E. Lavey
(Address) 18 W. West St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 26 1933

19. UNDERTAKER A. Howard Evans
(Address) 25 E. Fayette St

FILED JUL 25 1933 Hunter-Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933 to July 24, 1933

I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indefinite
Other contributory causes of importance: Exhaustion	7/22/33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. R. Campbell M. D.

(Address) 1644 Hanover St

M. D. B. 1268-0

92299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92299

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Barrington Road St. 15-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Hyman

(a) Residence: No. 3913 Barrington Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Hyman

6. DATE OF BIRTH (month, day, year) Sept. 17, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Pa.

MOTHER FATHER

13. NAME Moses Straus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mina ----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emanuel Cohn
(Address) 3913 Barrington Road (Daughter)

18. BURIAL, CREMATION OR REMOVAL
Place Phila. Pa. Date July 26, 1933

19. UNDERTAKER Harry Goodheim & Son
(Address) 1902 Eutaw Place.

July 25 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to July 24, 1933. I last saw her alive on July 23, 1933. Death is said to have occurred on the date stated above, at 6.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	
Chronic Valvular disease of Heart	June 1931
Other contributory causes of importance:	
Pulmonary Oedema	2 days
Acute Nephritis	2 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams, M. D.

(Address) 2360 Eutaw Place

M. D. B. 1268-9

92300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E 92300

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 27 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis A. Sinsheimer

(a) Residence: No. 6303 Park Heights Ave St., Balt. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle G. Sinsheimer

6. DATE OF BIRTH (month, day, year) May 10, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres. & Treas.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Simon Sinsheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda Neuburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bnai Israel Cem. Date July 27, 1933

19. UNDERTAKER Reid Sons & Son
(Address) 1902 Eutaw Place.

JUL 29 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to July 25, 1933

I last saw him alive on July 25, 1933. Death is said to have occurred on the date stated above, at 1:25 A m.

The prinripal cause of death and related causes of importanre were as follows:

	Date of onset
Carcinoma of colon	July 1932
Other contributory causes of importance: Post operative ileus	July 21 1933

Name of operation Ileo-colostomy Date of July 20 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Union Mem. Hosp. M. D.

(Address)

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92301 92301

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth 29 yrs. mos. ds.

2. FULL NAME Jacob Sarkin

(a) Residence: No. 2024 Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Prospect Cem Date 7/25/33

19. UNDERTAKER Park Lawn Co

(Address) 432 E Baltimore St

20. FILED 1933 Huntington Pettigrew, Registrar.

51833

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1933 to 7-25, 1933

I last saw him alive on 7-25, 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance:	
Multiple myelomata	6 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) AR. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92302

CERTIFICATE OF DEATH

E 92302

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 10 yrs. mos. ds.

2. FULL NAME Louis Letvin

(a) Residence: No. 1051 N. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 44; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meat

10. Date deceased last worked at this occupation (month and year): 1

11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mr. M. Portaman

(Address): 500 E Oral St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: 7/ /33

19. UNDERTAKER: Jacob Louis Lee

(Address): 1439 E. Baltimore St

Huntington Pallorella, N.Y.

L 25 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 to 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	7/24/33
Other contributory causes of importance:	
Automobile Accident	7/24/33

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/24, 1933

Where did injury occur? In front of 1051 N Fayette St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street Accident

Manner of injury: Struck by auto while crossing Fayette St

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph F Leary Coroner M. D.

(Address) 2100 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92303

CERTIFICATE OF DEATH

1 E 92303

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: Stone Memorial Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emma Justice

(a) Residence: No. 3447 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of William Mehlin Justice, Sr.

6. DATE OF BIRTH (month, day, year) Sept. 30-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Frederich Kulenkamp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Julia Mueller

16. BIRTHPLACE (city or town) (State or country) Saxony Germany

17. INFORMANT William Mehlin Justice, Jr.
(Address) 1018 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Homelow July 26, 1933

19. UNDERTAKER Horace E. Burgee
(Address) 3631 Falls Rd.

20. FILED 25 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Struck in the head with an axe by her son	
Homicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? At Her Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Struck with an Axe
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Horrigan Coroner. M. D.
(Address) 3632 Roland Ave

Cor.—10-10-29—A Co.—10'i Bks.

92304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92304

163

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital. REGISTERED NO.

City of Baltimore: (No. 33rd. & Calvert Sts. St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mehlin Justice, Sr.

(a) RESIDENCE NO. 3449 Roland Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Emma Justice

6 DATE OF BIRTH (month, day, and year) Feb. 2 - 1884

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
49	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mrs. John A. Justice

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Chas. F. Justice

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alberta Libby.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant William Mehlin Justice, Jr.
(Address) 1018 Union Ave.

15 Filed ....., 19..... Registrar.

JUL 25 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and ..... find that said deceased came to ..... (died, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Corrosive Acid Poison (Suicide)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What tests confirmed diagnosis .....

(Signed) J. H. Monroe, M. D.

19 (Address) 33a Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cem. Hampden	July 26 1933
20 UNDERTAKER Horace F. Burgee	ADDRESS 3631 Falls Rd.

IMPORTANT.—SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 92305

92305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161-004

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD St. 301 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Girl Foland

(a) Residence: No. 1606 Forsyth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-21-33

7. AGE Years	Months	Days	If LESS than 1 day, 9 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Irma Folandg

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Adell Goldberg

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Adele Goldberg
(Address) 1606 Forsyth St.

18. BURIAL, CREMATION, OR REMOVAL
Place Jef Med College Date July 25. 1933

19. UNDERTAKER
(Address)

July 25 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21st 1933 to July 21st 1933

I last saw him alive on July 21st 1933 Death is said to have occurred on the date stated above, at 12 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub tentorial Hemorrhage	7-21-33
Asphyxia neonatorum	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

~~92306~~ E 92306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occ... How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME [redacted] (Mc Caig) Archibald Garfield McCaig

(a) Residence: No. Hampton, La St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Dora E McCaig

6. DATE OF BIRTH (month, day, year) Sept 26-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	51	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman 61 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa RR

10. Date deceased last worked at this occupation (month and year) July 1933 | 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ? McCaig

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME MacDonald

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Dora E McCaig

(Address) 5916 Greenbield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 26, 1933

19. UNDERTAKER J. H. Dickson & Sons

(Address) [illegible]

20. FILED JUL 25 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to July 24, 1933

I last saw him alive on 7/24, 1933 Death is said to have occurred on the date stated above, at 6:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C.N.S. & Cardiac Vascular Lues.	1904

Other contributory causes of importance:

Myocardial Failure with Pulmonary congestion	7/24/33

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Emil J. C. Hildenbrand M. D.

(Address) Union Hospital

M. D. F. 1268-8

E 92307

E 92307 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Harlem St. 16-al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Barnett Summers, Sr.

(a) Residence: No. 2408 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Edgar Summers

6. DATE OF BIRTH (month, day, year) March 30 1858

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
75	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas B. Summers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Rowe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary E. Summers

(Address) 2408 Harlem

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Park Date July 27, 1933

19. UNDERTAKER Sperry Funeral Home

(Address) North & Fremont Huntington, West Virginia

20. FILED 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to July 24, 1933. I last saw him alive on July 20, 1933. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis	Unknown

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Hood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Bowman Hood M. D.

(Address) 2216 Garrison Blvd

M. D. P. 1268-9

92308 ✓ E 92308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Springdale St. 28-01 Ward)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Reed

(a) Residence: No. 4213 Springdale St., ... Ward.
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Eliza J. Reed

6. DATE OF BIRTH (month, day, year): Aug 30 1853

7. AGE: Years 79 | Months 10 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John W Reed

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Laura Gerber

16. BIRTHPLACE (city or town) (State or country): Reco Md

17. INFORMANT: Mrs Myrtle Boland

(Address) 4213 Springdale

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 26 1933

19. UNDERTAKER: H. Stansbury Sons

(Address) Mount Royal Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 1933

I HEREBY CERTIFY, That I attended deceased from June 24 1933 to July 23 1933

that saw h... alive on July 23 1933. Death is said to have occurred on the date stated above, at 2.00 P.M.

The principal cause of death and related causes of importance were as follows:

Uraemia, Nephritis, Chronic Interstitial

Arteriosclerosis

Other contributory causes of importance:

Cerebral Hemorrhage

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dr. Wm. Lee Davis M.D.

(Address) 600 Bloomfield Rd

92309 ✓ E 92309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 91

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 314 N Fulton St., N-W (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgia Clay Roberts
(a) Residence: No. 314 N. Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm. A. Roberts.
6. DATE OF BIRTH (month, day, year): May 10 1853
7. AGE: Years 80; Months 2; Days 9; If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Wm R Glass
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Emma Simmons
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Wm C Roberts Husband
(Address) 320 Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date July 26, 1933

19. UNDERTAKER: Wm. J. Leuthold Sons
(Address) 1000 E. Fayette St. Baltimore

Registered: JUL 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933 to July 24, 1933
Last saw her alive on July 23, 1933 Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	7-11-33
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation none Date of ^

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ^ 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) V Hamilton Williams M. D.

(Address) 320 Lafayette ave

Spec.—1-10-21—MAT—1500 Blks.

E 92310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92310

CERTIFICATE OF DEATH.

93-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1827 Vine ST. 70-01 (WARD)

2-FULL NAME Nathaniel Brewer

(a) RESIDENCE NO. 1827 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of: Anne Brewer

6 DATE OF BIRTH (month, day, and year): Sept 1878

7 AGE — Years: 54 — Months: 10 — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): Tending Horses

(c) Name of employer: West Md Dairy

9 BIRTHPLACE (city or town) (State or country): Prince Geo Co.

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant: Annie Brewer

(Address) 1827 Vine St

15 251933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1933

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1933, to July 24, 1933, that I last saw ~~him~~ alive on July 24, 1933, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ... yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. O'Neill M. D.

1/25, 1933 (Address) 108 N Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: July 25 1933

20 UNDERTAKER: Mrs Katie R Williams

ADDRESS 3224 Echodale St.

Spec.—2-29-28—L. F. S.—500 Blks.

E 92311

HEALTH DEPARTMENT—CITY OF BALTIMORE

2311

CERTIFICATE OF DEATH

9

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE; (No. 1104 Graham ST., 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Shirley Mae Webster

(a) RESIDENCE NO. 1104 Graham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 5/30/32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Charles Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Clara Redmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

Informant Virginia Webster

(Address) 1104 Graham St

Filed JUL 25 1933, 19 ..... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/24/33

17 I HEREBY CERTIFY, That I attended deceased from 7/22, 1933, to July 24, 1933, that I last saw her alive on 7/24/33, 19 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) 2 yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Harrison, M. D.

19 (Address) 522 Hartlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	July 26 1933
20 UNDERTAKER Mrs Kate R. Williams	ADDRESS 522 N. Schroeder St.

M. D. B. 1268-9

✓ E 92312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92312

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Carrollton Ave 19th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel A. Phillips Diggs

(a) Residence: No. 500 Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Leon A. Diggs

6. DATE OF BIRTH (month, day, year) 1/24/86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo E. Sedgwick

(Address) N. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 5, 1933

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Fremont St.

20. FILED Huntington-Williams Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/33

22. I HEREBY CERTIFY, That I attended deceased from 7/19/33 to 7/3/33

I last saw her alive on 7/3/33 Death is said to have occurred on the date stated above at 10 A.M.

The principal cause of death and related causes of importance were as follows:

(a) Cerebral Hemorrhage — Date of onset 7/19/33

(b) Apoplexy

Other contributory causes of importance: Unknown

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) 627 Mad

M. D. B. 1248-9

92313 ✓ E 92313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3218 Woodland Ave (St.) 27-91 (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Anna Bartlett

(a) Residence: No. 3218 Woodland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

[redacted]rried, widowed, or divorced
(If) HUSBAND of
(or) WIFE of George Bartlett

6. DATE OF BIRTH (month, day, year) Nov 6, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Town Carroll Co. Maryland

MOTHER FATHER

13. NAME Dr. William Gallichoffer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary A. Dell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary E. Bartlett
(Address) 3218 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 7/26 19 33

19. UNDERTAKER Verna Lemmon
(Address) 4611 Park Heights Ave.

20. JUL 25 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 1 19 33 to July 24 19 33

I last saw her alive on July 22 19 33 Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary obstruction / gall stones	7/1/33
Other contributory causes of importance:	
Hypostatic Pneumonia	7/13/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Bubert M. D.

(Address) 3608 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92314

CERTIFICATE OF DEATH

E 92314

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Mungel

(a) Residence: No. 1422½ E. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/29/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Van Buren

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maria Tabeau

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med College Date July 25 1933

19. UNDERTAKER .....
(Address) .....

UL 25 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 17, 1933

I last saw h[illegible] alive on July 16, 1933 Death is said to have occurred on the date stated above, at 3A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis —	2 months ago
Other contributory causes of importance:	
Pneumonia, right & middle lobe	3 weeks ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A Warfield M. D.

(Address) Johns Hopkins Hospital

92315 E 92315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 5-01 St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Tellitson Jr

(a) Residence: No. 130 W. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/11/09

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME John Tellitson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Amelia Simmons

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Med Soc Date July 25, 1933

19. UNDERTAKER Undertaking Co. Inc.

(Address)

JUL 25 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1933, to 7-19, 1933.

I last saw he alive on 7-19, 1933. Death is said to have occurred on the date stated above, at 7 4. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Brunstetter M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92316

CERTIFICATE OF DEATH

E 92316

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 William St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Worel

(a) Residence: No. 800 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis R. Worel

14. BIRTHPLACE (city or town) (State or country) Wash. D. C.

MOTHER

15. MAIDEN NAME Ida M. Stevens

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Louis R. Worel
(Address) 800 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med College Date July 25 19 33

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

25 1933
0671

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 24 19 33 to July 24 19 33
that I last saw him alive on July 24 19 33 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. L. Campbell M. D.

7/25/33 (Address) 1644 Hanover St

M. D. B. 1268-9

92317

HEALTH DEPARTMENT—CITY OF BALTIMORE

92317

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 815 Lemmon (Street) 15-01 (Ward)

Length of residence in city (or town) where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josie L. Cantee

(a) Residence: No. 815 Lemmon Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 8 1932

7. AGE: Years 1 | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Edgar Cantee
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Helen Hull
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Helen Hull 815 Lemmon

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date July 25 1933

19. UNDERTAKER Thomas G. Kenon
(Address) 1503 Presstman St

20. FILED July 27 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	2 Days
Convulsions	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leith Coroner M. D.

(Address)

M. D. B. 1268-B

✓ E 92318

92318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 N Spring St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eleanora Davis

(a) Residence: No. 1706 N Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Davis

6. DATE OF BIRTH (month, day, year) March 13 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Gabriel Haigth

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Alexander Davis husband
(Address) 1706 N Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 7/26 33

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 10, 19 33 to July 19 33

I last saw alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1 yr
Other contributory causes of importance:	
Myocarditis, Hypertension	1 yr

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Manning M. D.

(Address) 1424 E. Baltimore St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92319 E 92319

CERTIFICATE OF DEATH

92319 183

Registered No. 11-01

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Declared dead at St. Joseph Hospital

CITY OF BALTIMORE: (No.) (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbert T. Williams

(a) Residence: No. Boys Home Society 1223 Linden Ave. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June [illegible] 18/1915

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John W. Williams

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Laura E. Skillman

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT John W. Williams

(Address) 3816 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 26 1933

19. UNDERTAKER Wm Cook

(Address) 217 E. Pratt St.

20. FILED JUL 25 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23/33

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 , to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

Drowning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? exam & inquiry Was (or was not) autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident of injury [illegible], 19

Where did injury occur? Quarry hole nr Syden-ham Hospital- Herring Run.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Evidently caught foot in root of stump and was suspended head first in water.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Beeman Coroner, M. D.

(Address) 1-08 E Monument

M. D. B. 1268-9

92320 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92320

CERTIFICATE OF DEATH

✓ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-A Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lavina Livingston

(a) Residence: No. Libertytown Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2.

6. DATE OF BIRTH (month, day, year) April 18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Barton Garrett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Libertytown Date July 27, 1933

19. UNDERTAKER Powell & Hallenbaugh
(Address) Libertytown Md

Filed JUL 26 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1933, to 7/25, 1933

I last saw h.. alive on 7/25, 1933 Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Trouble Co of Colon	2
Other contributory causes of importance: Partial Intestinal Obstruction	4 weeks

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. B. Anderson M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 92321

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92321

CERTIFICATE OF DEATH

23

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5604 Richmond St. (Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto H Jensen

(a) Residence: No. 5604 Richmond Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmi Jensen

6. DATE OF BIRTH (month, day, year) Oct 7, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ry Car Co

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Jens Jensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Henriette Hansen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Emmi Jensen

(Address) 5604 Richmond Ave

18. BURIAL, CREMATION, OR REMOVAL Magnolia Cem Philadelphia Pa 7/26 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. [illegible] Huntington Williams N.Y.

Registrar

JUL 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 24, 1933

I last saw h[illegible] alive on July 23, 1933 Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia after Pulmonary Hemorrhage (following excitement incident to avoiding auto accident)

Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis (6 yrs ago)

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury July 6 1933

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Driving on Harford Road

Manner of injury Fright followed by Hemorrhage

Nature of injury Pulmonary Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Chas Summers, M. D.

(Address) 4706 Harford Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92322

CERTIFICATE OF DEATH

131

E 92322

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Davis

(a) Residence: No. 1372 Stockton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Vonzella Penn

(Address) 1372 N. Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 7/26, 1933

19. UNDERTAKER Thomas E. Lytson

(Address) 1303 Pennsylvania Ave.

L26 1933 Huntington Williams N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from — , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Prostatis — Date of onset

Other contributory causes of importance: Chronic Nephritis

Name of operation — Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1305 Pattison Ave.

3201 Garrison Blvd. ✓

M. D. B. 1268-9

E 92323 HEALTH DEPARTMENT—CITY OF BALTIMORE D 92323

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3800 (St.) Woodhaven (Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Maria Hadassa

(a) Residence: No. 3800 Woodhaven St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Nathan

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathaniel S. Rest
(Address) 3913 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL 7-26-33
Date 19

19. UNDERTAKER Levi Lewis Inc
(Address) 1434 E. Baltimore St

Huntington Williams M.D.
Registrar

JUL 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1933 to July 25th 1933

I last saw h[illegible] alive on July 24th 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Lung — Date of onset May 1st

Other contributory causes of importance:

Intestinal Obstruction from Cancer

Name of operation Cancer of Lung Date of May 15th

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 3201 Garrison Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92324

CERTIFICATE OF DEATH

19 E 92324

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 603 W Lanvale (Ward) 17-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Della Chaney.

(a) Residence: No. 603 W Lanvale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sam

6. DATE OF BIRTH (month, day, year): 1891

7. AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Essex Co Va

MOTHER

13. NAME: Warner Woodfork

14. BIRTHPLACE (city or town) (State or country): Va

FATHER

15. MAIDEN NAME: Estella Jones

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Fannie Woodfork 603 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Date. 7/26 1933

19. UNDERTAKER (Address): Samuel T Hemsley 578 W Biddle St

20. Filed JUL 26 1933 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Heat Prostration	
Nephritis.	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Leith Rosario, M. D. Coroner

(Address)

M. D. B. 1265-9

E 92325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

63

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

92325

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Agnes Washington

(a) Residence: No. 715 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 22/31

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Clarence Washington

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Beatrice Watkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beatrice Washington

(Address) 715 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7/26 1933

19. UNDERTAKER Samuel T Hemsley

(Address) 578 Druid Hill Ave

JUL 26 1933 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2.10 P.M.

The principal cause of death and related causes of importance were as follows:

Convulsions

Date of onset

Other contributory causes of importance:

Rickets only lesion found-
Skull not allowed to be opened

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Cruse M. D.

(Address) 502 E Monument Ave

92326

M. D. B. 1268-9

92326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Druid Hill Ave) (Ward) 11-01

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Seward

(a) Residence: No. 1007 Druid Hill Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of ~~former WIFE~~ Fannie Seward

6. DATE OF BIRTH (month, day, year): — — 1863

7. AGE: Years 70; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Essex Co Va

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Lavinia

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Fannie Seward (Address) 1007 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Date 7/27, 1933

Place

19. UNDERTAKER: Samuel T. Hemsley (Address) 575 N Bradford St

20. FILED JUL 26 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933 to July 24, 1933

I last saw h[illegible] alive on July 24, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Primarily for 7 yrs Diabetes Failing for 2 yrs Auricular fibrillation Gradual following

Other contributory causes of importance: Senile Changes Kidneys Gall Stones

Name of operation: Clinical Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Lee Ellis M. D.

(Address) 924 Madison Ave

M. D. B. 1268-9

E 32327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1049 Bradley St. 16-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Brown

(a) Residence: No. 1049 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, ~~or Divorced~~ (write the word): widow

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Frank Brown

6. DATE OF BIRTH (month, day, year): unknown

7. AGE: Years 71 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0 yrs. 0 mos.

12. BIRTHPLACE (city or town) (State or country): St Marys Co. Md.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Annie Sims

(Address) 1049 Bradley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 28, 1933

19. UNDERTAKER: Mrs Kate R. Williams

(Address) 352 Huntington Williams, Md

Registrar

JUL 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933 to July 25, 1933

I last saw h[illegible] alive on July 24, 1933 Death is said to have occurred on the date stated above, at 2.10 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank E. Hayward M. D.

(Address) 627 E. Lexington St

A&Co. 5-31 250B

32328

E 32328

E 92328

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Mount street St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Woods

(a) Residence: No. 1315 N. Mount street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Woods.

6. DATE OF BIRTH (month, day, year) July 5. 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Morristown, Tenn.

FATHER

13. NAME John Shelton

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Susan Conaway

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Ernest ~~Shelton~~ Woods
(Address) 1315 N. Mount st.

18. BURIAL, CREMATION, OR REMOVAL
Place Morristown, Tenn. Date July 26, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 [illegible] Morristown, Tenn.

FILED JUL 26 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to July 22nd, 1933

I last saw her alive on July 22nd, 1933 death is said to have occurred on the date stated above, at 1. p m.

The principal cause of death and related causes of importance were as follows:

Nephritis — Date of onset ?
Ch. interstitial

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Urinalysis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st

BACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92329 92329

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3334 Elmley Ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Trabent

(a) Residence: No. 961 N Washington St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Thomas A.

6. DATE OF BIRTH (month, day, year): Sept 1-1866

7. AGE: Years 68 | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

13. NAME: George Stahn

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Catherine Kelly

(Address) 3334 Elmley ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: July 27 1933

19. UNDERTAKER: Bros & Stevenson

(Address) 3001 Kentucky ave

Filed JUL 26 1933 Huntington, West Virginia, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22 1933 to July 24 1933

I last saw alive on June 24 1933 death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Arteries	
Heart -	2yrs
Other contributory causes of importance:	
Chronic Nephritis	1yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. F. Gray M. D.

(Address) 622 N Monroe

M. D. B. 1268-9

E 92330

E 92330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

Registered No. 18-01

CITY OF BALTIMORE: (No. University Hospital 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Agnes Jackson

(a) Residence: No. 1016 West Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 52 Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Thumblan V.A.

FATHER

13. NAME Filmore Carter

14. BIRTHPLACE (city or town) (State or country) North Thumblan V.A.

MOTHER

15. MAIDEN NAME Virginia Carter

16. BIRTHPLACE (city or town) (State or country) North Thumbla V.A.

17. INFORMANT Carrie Holmes
(Address) 1016 Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Thursday 27th 1933

19. UNDERTAKER Ehrey O Wilson
(Address) 1000 Pennsylvania Ave Baltimore Md

FILED 19

Registrar.

JUL 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933, to July 23, 1933

I last saw her alive on July 23, 1933 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Diabetes Mellitus	

Other contributory causes of importance:

Generalized arteriosclerosis
Hypertension Cardio-vascular-Renal disease

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. P. Shroer Jr. M. D.

(Address) University Hospital

Spec.—1-29-28—L. F. S.—500 Blks.

92331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 92331

1—PLACE OF DEATH 535 N West St

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 535 N West ST. 21-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nicholas Harris

(a) RESIDENCE NO. 535 N. West ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

DATE OF BIRTH (month, day, and year): Unknown.

AGE: 57 Years ..... Months ..... Days ..... If LESS than 1 day, hrs. ..... or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Laura Lawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mrs Eliza Curry

(Address) 535 W. West St.

Filed ..... 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23/33

17 I HEREBY CERTIFY, That I attended deceased from 7/18, 1933, to July 23, 1933

that I last saw h alive on July 23, 1933

and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus

(Signed) H. Thompkins M. D.

..... 19 ..... (Address) 501 N. Stanley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: 7/26 1933

20 UNDERTAKER: Walter B. Spriggs — ADDRESS: 1394 N. Stanley St.

M. D. B. 1268-0

E 92332

HEALTH DEPARTMENT—CITY OF BALTIMORE

92332

CERTIFICATE OF DEATH

v 173

Registered No. 18-01

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. Franklin Square Hospital. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 6 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard C. Gardner.(C)

(a) Residence: No. 112 N. Carlton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, BUSBAND of Rebecca Gardner.(C)

6. DATE OF BIRTH (month, day, year) January 11 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chaffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Walter Gardner.(C)

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Laura Hall.(C)

16. BIRTHPLACE (city or town) (State or country): Essex Co. Va.

17. INFORMANT: Laura McAdee.(C) mother.
(Address): 112 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: July 26, 1933

19. UNDERTAKER: Mrs Katie K. Williams
(Address): 322 N. Schroeder ste.

JUL 26 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage due to pistol shot wounds of Lung Heart and Liver	
Homocide.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Autopsy. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide. Date of injury 7/22/33 19
Where did injury occur? Corn Ct & Carlton St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On public street.
Manner of injury Pistol shot wound.
Nature of injury Homicide.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otho Furtaw, M. D.
Coroner
(Address) 1017 E. Charles St.
7/22/33

M. D. B. 1268-9

92333

HEALTH DEPARTMENT—CITY OF BALTIMORE

92333

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3206 St Paul St. (Ward) 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Lybrand Whitmore

(a) Residence: No. 3206 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucile Whitmore

6. DATE OF BIRTH (month, day, year) Dec 12, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT T. E. Talbot

(Address) 320 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Walden N. Y. Date July 26, 1933

19. UNDERTAKER, William Cook

(Address) 217 St Paul St.

Entering Clerk

20. FILED JUL 26 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933 to July 24, 1933

I last saw h alive on July 23, 1933 Death is said to have occurred on the date stated above, at 6 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	March 1933

Other contributory causes of importance:

Cholelithiasis	July 21, 1933

Name of operation Cholecystostomy Date of July 21, 1933

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. L. Gerhard M. D.

(Address) 320 St Paul St

L 26 1933

M. D. B. 1268-0

E 92334

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92334

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital

Registered No. V 46

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 7-2-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Johnson

(a) Residence: No. 627 W. Basse St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. A.	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Carrie Johnson

6. DATE OF BIRTH (month, day, year) May 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1 2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Richard Johnson

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Russenous

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Carrie Johnson
(Address) 627 W. Basse st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 7/27/33

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. [illegible] 7/26 19 33 [illegible] Registrar.

26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/9 1933 to 7/23 1933

I last saw him alive on 7/23 1933 Death is said to have occurred on the date stated above, at 6 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Enophagus	4 Mos
Other contributory causes of importance:	
Arteriosclerosis	4 yrs
Hypertension	

Name of operation Witzel Gastrostomy Date of March

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker st

M. D. B. 1268-9

E 92335

92335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 N Chapel St., 7-01 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 38 yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Voricek

(a) Residence: No. 923 N Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Voricek

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Frank Zavorenec

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Jack Barta
(Address) 923 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Date: July 27, 1933

19. UNDERTAKER: Wade Lynch Son
(Address) 29 W Lexington

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1933

I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to July 24, 1933

last saw h.. alive on July 23, 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	4 days
Arteriosclerosis	long
Nephritis (Chronic)	

Other contributory causes of importance:

acute Endocarditis Dilatation | 4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. M. Burch M. D.

(Address) 1425-03 for 4000 Wolfe St

M. D. B. 1268-9

92336

E 92336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Hammel

(a) Residence: No. 116 Heavy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

116 Hughes St

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Hammel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date July 26, 19[illegible]

19. UNDERTAKER [illegible]
(Address)

20. [illegible] Huntington Funeral Home

JUL 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to July 27, 1933

I last saw h[illegible] alive on July 27, 1933 Death is said to have occurred on the date stated above, at 6:24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Heart Disease, Hypertension	?
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magruder M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

E 92337

92337 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 5-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Brown

(a) Residence: No. 4190 2. High St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brown

6. DATE OF BIRTH (month, day, year) May 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lancaster S. C.

FATHER

13. NAME Henry Brown

14. BIRTHPLACE (city or town) (State or country) Lancaster S. C.

MOTHER

15. MAIDEN NAME Betty ?

16. BIRTHPLACE (city or town) (State or country) Lancaster S. C.

17. INFORMANT Friends (Address) Baltimore City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 26 1933

19. UNDERTAKER [illegible]
(Address)

FILED JUL 26 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1932 to July 23 1933

I last saw him alive on July 23 1933 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic	?
Arteriosclerosis	?
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. R. Maguire M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

E 92338 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92338

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.

2. FULL NAME John Smith

(a) Residence: No. 1021 Linden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? (widowed)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) North County Georgia

FATHER

13. NAME used to [illegible] ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anne Blackwell

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Albert Smith

(Address) 1021 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Interment in Md Date July 26 19 33

Disinterred by Dr. Easton Lord Hospital

19. UNDERTAKER [illegible]

(Address) 11 Edmondson Ave July 26/33

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24 19 33

22. I HEREBY CERTIFY, That I attended deceased from 5-25 19 33 to 7-24 19 33

I last saw him alive on 7-24 19 33 Death is said to have occurred on the date stated above, at 11 15/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of anus and multiple fistulae in ano	?
Other contributory causes of importance: Generalized arteriosclerosis senility	?

Name of operation ? Date of ?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address)

M. D. B. 1268-9

92339

HEALTH DEPARTMENT—CITY OF BALTIMORE

92339

82-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH aged Mens Home

CITY OF BALTIMORE: (No. 1400 W Lexington St. 14-01 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert E Gillespey

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Gillespey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Drusella Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Forestal

(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 27 1933

19. UNDERTAKER Geo J Schafer

(Address) 1632 Hollins St

20. FILED [illegible] 1933

JUL 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to July 25 1933

I last saw him alive on July ? 1933 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hypertension & Arteriosclerosis	? yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward O Jones M. D.

(Address) 115 E. Saint Paul St.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 92340

92340

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Mura St. 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frank Noark

(a) Residence: No. 2224 Mura St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Noark

6. DATE OF BIRTH (month, day, year) Aug. 10, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore Velvet Co.

10. Date deceased last worked at this occupation (month and year) July 14, 1933

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Noark

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Julia Dent

(Address) 2078 E. Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date July 28 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED JUL 26 1933 Huntington Hilliard, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933 to July 25, 1933 I last saw him alive on July 25, 1933 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	July 19, 1933
Other contributory causes of importance: Bronchopneumonia	July 22 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Raul Grossman M. D.

(Address) 2225 E. Preston St.

M. D. P. 1201 E 92341

E 92341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 2450 St. 28-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George W. Henkle

(a) Residence: No. Milford Mill Road, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE Margaret E. Henkle

6. DATE OF BIRTH (month, day, year) June 6 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C & P Telephone Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 196

10. Date last worked at this occupation (month and year) March 1928

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Eli Henkle

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mr. George W. Henkle Milford Mill Rd

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 1/27/33

19. UNDERTAKER (Address) The Cook Co 1214 St Paul St

20. FILED 1-28-33 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 24, 1933

I last saw him alive on July 24, 1933 Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	
Other contributory causes of importance:	
Hypostatic Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Gordon M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

92342 ✓ E 92342

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Duncan St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Louis Rinehardt Or Reinhart

(a) Residence: No. 906 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Reinhart

7. DATE OF BIRTH (month, day, year) Dec 3/ 1884

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	21	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec Co

11. Total time (years) spent in this occupation

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Reinhart

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Anna Arnold Arnold

16. BIRTHPLACE (city or town) (State or country) Balto ., Md.

17. INFORMANT (Address) Mary E. Kamp (sister) 528 S. Brunswick Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 7/27/33 19

19. UNDERTAKER (Address) Geo. J. Roth & Son 1725 Pennsylvania Ave

FILED 7 26 1933 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If (so) specify

(Signed) H. H. Bacon Coroner, M. D.

(Address) 508 E Fayette

M. D. B. 1268-9

E 92343

E 92343 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St. 7-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rosella Jefferson

(a) Residence: No. 807 N. Ford St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 25, 1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Jefferson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Irene Barnes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lottie Penny

(Address) 611 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 27, 1933

19. UNDERTAKER Robert McWilliams

(Address) 1515 McCulloh St.

20. FILED ..... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933 to July 25, 1933

I last saw her alive on July 25, 1933. Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Ileo Colic Valve	1932
T.B. Meningitis	7/6/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lennox M. D.

(Address) Lyndenham Hospital

M.D.R. Form 9

92344

Marion W. Stanford ✓ E 92344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Walker Stanford

(a) Residence: No. 3425 Guilford Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. D. Stanford

6. DATE OF BIRTH (month, day, year) Dec 31, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Social Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medical Social Service

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Princess Anne

FATHER

13. NAME Clarence C. Walker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Wilson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT H. L. D. Stanford

(Address) 3425 Guilford Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne Md Date 7/28/ 1933

19. UNDERTAKER Wm Cook

(Address) 217 E Pratt St

20. FILED JUL 27 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16th, 1933, to July 26th, 1933

I last saw h.e.r. alive on July 26th, 1933. Death is said to have occurred on the date stated above, at 11.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	July 26th
Myocardial Weakness	1927
Carcinoma of Rectum	

Other contributory causes of importance:

Name of operation Exploratory Colostomy Date of 7-21-33

What test confirmed diagnosis? Proctoscopic & Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp.

92345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92345

130

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1647 Park Heights Ave (Ward) 27-01

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore A. Crouch

(a) Residence: No. 1647 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Oct 26, 1931

6. DATE OF BIRTH (month, day, year): Oct 26, 1931

7. AGE: Years: 1 | Months: 9 | Days: 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Arthur C Crouch
14. BIRTHPLACE (city or town) (State or country): York Haven Pa

MOTHER

15. MAIDEN NAME: Agnes C Pierce
16. BIRTHPLACE (city or town) (State or country): York Haven Pa

17. INFORMANT: Arthur C Crouch
(Address): 1647 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn York Date 7-31-33

19. UNDERTAKER: J Wm Cook
(Address): 1217 E Baltimore St

Filed 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to July 26, 1933

I last saw him alive on July 26, 1933 Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerular Nephritis	7/14/33
Other contributory causes of importance: Cardiac Failure	7/24/33

Name of operation: None Date of

What test confirmed diagnosis: Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? C Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place C

Manner of injury C

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D Bacon M. D.

(Address) 100 E 20th St Baltimore

M. D. B. 1268-9

Charles L. Moores

92346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92346

92346

CERTIFICATE OF DEATH

51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp 25-101 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Moores

(a) Residence: No. 5512 Guyon Oak Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie L. Moores.

6. DATE OF BIRTH (month, day, year) 8/21/1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, Pol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Md.

FATHER

13. NAME James L. Moores

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Martha Pues

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs. Minnie Moores

(Address) 5512 Guyon Oak Ave City

18. BURIAL, CREMATION, OR REMOVAL Dulaney Valley Memorial Park Date July 27 1933

19. UNDERTAKER J. Marshall Gough

(Address) 3-5 E. Fayette St.

20. FILED 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/3 1933 to 7/25 1933.

I last saw him alive on 7/25 1933. Death is said to have occurred on the date stated above, at 3:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	?
Other contributory causes of importance: Pyonephrosis	3 mos.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

E 92347 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92347

CERTIFICATE OF DEATH

131 Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4700 Edmondson Ave St., 7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice V. Stuff

(a) Residence: No. 4700 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jos. C. Stuff

6. DATE OF BIRTH (month, day, year) April 9 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Feyman

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Laura Bourne

(Address) 4700 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 28 1933

19. UNDERTAKER Harry W. Eilen

(Address) 1[illegible] Huntington Avenue

20. FILED [illegible] 19 [illegible] Registrar

L 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/20 1933 to July 25 1933

I last saw her alive on July 25 1933 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Senile Asthenia

Chronic Nephritis

Hemoplegia —

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

7/26/33 (Signed) E. Kelly Hemming M. D.

(Address) 2000 Hallows Dr

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92348
Registered No. 157-003

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hesse Gillam

(a) Residence: No. 1210 E. Chatham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 18 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME William Gillam

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lovelina Sanders

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 28 1933

19. UNDERTAKER Mrs R. A. Elliott
(Address) 1129 N. Caroline St

20. FILED 27 1933 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933 to July 24, 1933

I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease with acute cardiac failure.	Birth
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John Q. Washington M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

92349

HEALTH DEPARTMENT—CITY OF BALTIMORE 92349

CERTIFICATE OF DEATH

X 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Robert Rommel

(a) Residence: No. Joppa Road Harwood St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11 - 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	13		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George W. Rommel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Catherine Ward

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 27th 1933

19. UNDERTAKER Leo J. Brook

(Address) 1723 N. Patterson Park Ave

20. FILED JUL 27 1933 Huntingtown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1933 to 7/24, 1933

I last saw him alive on 7/24, 1933. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	5-7 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. M. Gordon M. D.

(Address) Mercy Hospital

M. D. B. 1208-9

92350 ✓ E 92350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Sterling St. 5-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie D Watkins

(a) Residence: No. 621 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John D Watkins

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Charles Bromwell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza W Ennis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John D. Watkins (Address) 621 Sterling St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date July 27th 1933

19. UNDERTAKER B. Frow Manifold Wright (Address) 1211 E Eldersley St

20. FILED ..... 19..... Wilkinson Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to July 25 1933

I last saw h[illegible] alive on July 25 1933 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	3 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) 20 Tarrington

AdCo. 5-31 250B

E 92351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92351

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Winfield St., 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry H. Scheuermeister

(a) Residence: No. 3003 Winfield Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elsie McCullough.

6. DATE OF BIRTH (month, day, year) [illegible] 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Henry Scheuermeister
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Peters
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT H. H. Scheuermeister
(Address) 3003 Winfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7 27 1933

19. UNDERTAKER Taher & Sons
(Address) 1315 Eutaw St.

20. FILED JUL 27 1933 Hunter Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25-1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 - , 1933 to July 24, 1933
I last saw him alive on July 24, 1933 death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	
Chronic Nephritis,	
Chronic Myocarditis.	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical ... there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. Kelly Hennig M. D.
7/26/33 (Address) 2007 Hollins St.

M. D. B. 1268-0

E 92352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-802 E 92352

Registered No.

1. PLACE OF DEATH Provident Hospital St., 18-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Perkins

(a) Residence: No. 1001 Bradley St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Perkins

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Smith

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward Perkins (Address) 1001 Bradley ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date July 27, 1933

19. UNDERTAKER Mrs Katie R. Williams (Address) 1122 E. Wheeler Ste.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933 to July 24, 1933

I last saw h alive on July 24, 1933 Death is said to have occurred on the date stated above, at 9:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebritis	7-21-33
Mal. Pneumonia	

Other contributory causes of importance:

Ruptured Tubo Ovarian Abscess (Staphylococcic) 7-10-33

Name of operation Drain-ge Date of 7-24-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bradham Hyman M. D.

(Address) Provident Hospital

M. D. B. 1268-9

✓ E 92353

92353 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Weatherly

(a) Residence: No. 559 Orchid St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Weatherly

6. DATE OF BIRTH (month, day, year) about 24 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 140

10. Date deceased last worked at this occupation (month and year). 1

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Laurel Del

FATHER

13. NAME Moses Weatherly

14. BIRTHPLACE (city or town) (State or country) Laurel Del

MOTHER

15. MAIDEN NAME Louisa Polk

16. BIRTHPLACE (city or town) (State or country) Laurel Del

17. INFORMANT Elsie Smith

(Address) 559 Orchid St

18. BURIAL, CREMATION, OR REMOVAL

Place University Md Date July 27, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED JUL 27 1933 Registrar for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-27-33, 19 to 7-22, 33

I last saw him alive on 7-22, 1933. Death is said to have occurred on the date stated above, at 5:05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lung & Pleura	?
Abscess	?

Other contributory causes of importance:

Terminal Bronchopneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. Phagel, M. D.

(Address) Balt City Hosp.

M. P. B. 1668 12351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92354

CERTIFICATE OF DEATH

183

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Pier 5 Pratt St. St., Ward)

Length of residence in city or town where death occurred 36 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LeRoy O'Brien.

(a) Residence: No. 2113 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 16, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Josiah O'Brien.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary A. Shelton.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Ira O'Brien. (brother)
(Address) 2113 N. Fulton Ave.

18. BURIAL, CREMATION OR REMOVAL Date July 27 '33
Place Found Body
19. UNDERTAKER Wm Good & Son
(Address) 1217 E. Pratt St.
Huntington Hollows Md.
Registrar

L 7700

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found July 24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ---------- 19 ---- to ---------- 19 ---- Death is said to have occurred on the date stated above, at ---- m.

I last saw h alive on

The principal cause of death and related causes of importance were as follows:

Drowning.
Probably accidental.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? Yes

23. If death was due to external causes, (violence) fill in also the following: Accident, suicide, or homicide? Probably accidental. Date of injury ---------- 19 ----

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Dr. M. Leonard Coroner, M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ ME 92355

E 92355

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27-01 Ward)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia E Holbein

(a) Residence: No. 2846 Oakley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 1, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Family Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Holbein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Corlett

16. BIRTHPLACE (city or town) (State or country) Balto Co.

17. INFORMANT (Address) Mrs Anna C. Brown 2846 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cathedral Date 7/27/33 19

19. UNDERTAKER (Address) J. O. Taber & Son 2 E Preston St

Huntington Williams M.D. Registrar

277933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ingury, 19 to , 19

I last saw h alive on ingury, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury July 24, 1933

Where did injury occur? Park Ave & Henshaw Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92356

CERTIFICATE OF DEATH.

82-001

82 E 92356

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4113 White Ave ST., 27-21 WARD

2-FULL NAME Rev. Alfred Baker

(a) RESIDENCE NO. 4113 White ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6 DATE OF BIRTH (month, day, and year) Mar. 15-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Della B. Myers (Address) 4313 White Ave

15 Filed 27 1933 19 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1933

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to July 24, 1933, that I last saw him alive on July 18, 1933, and that death occurred, on the date stated above, at 4 05 a.m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia

(Cerebral Hemorrhage) Apoplexy

(duration) — yrs. — mos 11 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) a number of years yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Morris B. Green, M. D.

7/26 1933 (Address) 5543 Harford Rd city

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulty Hill — DATE OF BURIAL 7/27/1933

20 UNDERTAKER Thos. Geo. F. Holland — ADDRESS 1631 Druid Hill

M. D. B. 1268-0

✓ E 92357

92357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mrs Hope Peters St., 28-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Alexander Cummings

(a) Residence: No. Mrs Hope Peters St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17-1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
76	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Cummings

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Rose Ann Woods

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Hope Peters
(Address) Mrs Hope Peters

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 7/28 1933

19. UNDERTAKER Henry W. Wears & Son
(Address) 805 N. Eutaw St.

20. FILED 7-27-1933 Hilton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to July 25 1933

I last saw him alive on July 25 1933. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Chronic Myocarditis	?
Arterio-Sclerosis	
Other contributory causes of importance:	1932
Cystitis	

Name of operation None Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall M. D.

(Address) Mrs Hope Peters

M. D. B. 1 E 92358 ✓ E 92358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Glendale St., 7701 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry C Diedeman

(a) Residence: No. 3004 Glendale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis V Diedeman

6. DATE OF BIRTH (month, day, year) Dec 7 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John H Diedeman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Gootleib

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis V Diedeman
(Address) 3004 Glendale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date July 28 1933

19. UNDERTAKER John Ulrich
(Address) Govans Md

Filed ..... By .....

271933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1932, to July 25 1933

I last saw h.im alive on July 25 1933. Death is said to have occurred on the date stated above, at 9:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932

Other contributory causes of importance:

Name of operation Abdominal Explor. Date of Nov 7 1932

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thom B. Wallace M. D.

(Address) 1031 St. Paul St

M. D. B. 1268-9

E 92359 ✓ E 92359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6305 Mayflower Rd St., 27-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida B Flickenschildt

(a) Residence: No. 6305 Mayflower Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry N Flickenschildt

6. DATE OF BIRTH (month, day, year) Oct 12 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Gardner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Alice Kramer

(Address) 6305 Mayflower Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date July 28 19 33

19. UNDERTAKER John Ullrich

(Address) 2009 Orleans st

20. FILED 7-27 19 33 H. Tilghman Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to July 26 1933

I last saw her alive on July 25 1933. Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 yr
Myocardial Insufficiency	2 yrs
Arterial Hypertension	2 yrs

Other contributory causes of importance: Cardiac Dilatation 3 days

Name of operation — Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Albert Eisenberg M. D.

(Address) 3025 E Lake Ave

M. D. B. 1268-9

92360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92360

CERTIFICATE OF DEATH

122-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Harman Ave. St. 25-al Ward)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 60 yrs. ---- mos. ---- ds.

2. FULL NAME Frank W. Betkey.

(a) Residence: No. 1706 Harman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of Margaret A. Betkey.

6. DATE OF BIRTH (month, day, year) October 30, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter. 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME August Betkey.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Amelia ----------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret A. Betkey. (wife)
(Address) 1706 Harman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 7/27, 1933

19. UNDERTAKER Edw. Foulger Bond
(Address) Huntington, Indiana

20. FILED 27 1933 Huntington Indiana, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Inguinal Hernia.	
Intestinal Obstruction.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Steinhart Coroner, M. D.

7/26/33 Address 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92361

CERTIFICATE OF DEATH

240-001

E 92361

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (St.) 24 (Ward) 6

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Jones

(a) Residence: No. Davidsonville, Ann Arundle 6 St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arundle Co

FATHER

13. NAME George Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Brawford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John Dorsey
(Address) Davidsonville, A.A. Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Davidsonville July 28 1933

19. UNDERTAKER J. T. Cox
(Address) Edgewater, Md.

20. FILED July 27 1933 Harrington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 .. to 19 ..

I last saw h alive on May 19 .. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/26 1933

Where did injury occur? Rose St Viaduct or Dump
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto truck in which

Nature of injury I was riding upset.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pearson M. D.
Coroner

(Address) 2100 E Madison St

M. D. B. 1268-9

92362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 92362

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N. Madeira St., Ward) 6-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.) Unknown

Length of residence in city or town where death occurred 10 yrs. Unknown mos. Unknown ds. How long in U. S. If of foreign birth Unknown ds.

2. FULL NAME Mary Ann Siford

(a) Residence: No. 229 N. Madeira St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Charles J. Siford

6. DATE OF BIRTH (month, day, year) Aug. 13, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quebec, Can.

FATHER

13. NAME William Watson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Ann (Unknown)

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Wm R. Siford (Son)

(Address) 229 N. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place Charlestown West Va Date July 29th 1933

19. UNDERTAKER Wm Cook

(Address) 1317 E Pratt St

Huntington West Va

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26-1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1926 to July 26, 1933

I last saw her alive on July 18, 1933 Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis + Endocarditis	About 1043.
Other contributory causes of importance: Chr. Nephritis Arteriosclerosis + hypertension	About 10 yrs

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo B. Seybert M. D.

(Address) 2802 Harford Ave

M. D. B. 1268-9

92363

HEALTH DEPARTMENT—CITY OF BALTIMORE

92363

CERTIFICATE OF DEATH

157-004 Registered No.

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-01 St., Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Leroy Russell

(a) Residence: No. Monticello Ave Garrison Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

MOTHER FATHER

13. NAME Charles Russell

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Evelyn Fuller

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Charles Russell
(Address) Garrison Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Project Hill Date July 27 1933

19. UNDERTAKER Berry Hart & Sons.
(Address) Reisterstown Md.

Registrar

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/21 1933 to 7/26 1933

I last saw him alive on 7/26 1933 Death is said to have occurred on the date stated above, at 11 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pyloric stenosis	congenital

Other contributory causes of importance:

	7/22

(1) Ramstedt

Name of operation " + infundibulectomy Date of 7/26

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Richard Franz M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

(John Gnau)

HEALTH DEPARTMENT—CITY OF BALTIMORE

92364

CERTIFICATE OF DEATH 89-001

E 92364

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. (Ward) 6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gnau, John W

(a) Residence: No. 117 N. Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte F. Gnau

6. DATE OF BIRTH (month, day, year) June 26, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 026

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME William Gnau

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Susan A. Hubley

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs. Charlotte F. Gnau

(Address) 117 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 29, 1933

19. UNDERTAKER John S. Horan

(Address) 3000 E. Baltimore St.

20. FILED Huntington Williams M.D. Registrar.

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933 to July 26, 1933

I last saw h/ alive on July 26, 1933 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess-left side	(?)
Chronic otitis media "	1907
Chronic mastoiditis-L. side.	

Other contributory causes of importance:

Pulmonary oedema	July 25

Name of operation Radical mastoidectomy Date of 7/17/33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Q. Thrower M. D.

(Address) University Hospital

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92365

CERTIFICATE OF DEATH.

121

E 92365

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley G. Johnson 27 01

(a) RESIDENCE NO. 2701 Southern Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	13	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John F. Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Jesse I. Gadd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant John F. Johnson

(Address) 2701 Southern Ave

15 Filed ..... 19..... Registrar

7 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26 1933 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis-Ruptured Appendix

(Operation for drainage-4 p.m7.25/33

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Gill M. D.

(Coroner)

7/27/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. Date of Burial 7/29 1933

20 UNDERTAKER L. Lew McCully ADDRESS 130 E. Fort

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92366 E 92366

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Linden Ave St., Ward) 11-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 9 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charlotte Leigh Billingslea

(a) Residence: No. 1211 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Billingslea

6. DATE OF BIRTH (month, day, year) about 1853

7. AGE Years about 80 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Tillary's Co. Maryland

FATHER

13. NAME Charles C. Spaulding

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

17. INFORMANT W. C. L. Billingslea (son)

(Address) Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 29 1933

19. UNDERTAKER Stewart & Co.

(Address) 108 W. Mulberry St.

Huntington Williams, Mgr.

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 1933 to July 27 1933

I last saw h alive on July 27 1933 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease Acute Dilatation of Heart	?
	7/26.
Other contributory causes of importance: Pulmonary Edema	7/27

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanford McKeon M. D.

(Address) 1609 Linden Ave

M. D. B. 1268-9

92367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 E 92367

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5823 Belair Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Mechalske 24-01

(a) Residence: No. 5823 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 25/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John C. Mechalske

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mealy --------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rose Kirby (sister)

(Address) 5823 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys - Ham[illegible] Date 7-28 [illegible]

19. UNDERTAKER Harold E. Humphreys

(Address) Grant & Broadway.

Huntington Station, N.Y.

27 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25/33

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible] to [illegible] 19 [illegible]

I last saw h[illegible] alive on [illegible], 19 [illegible] Death is said to have occurred on the date stated above, at 4.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Genl Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury [illegible], 19 [illegible]

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Fort Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92368

92368

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Ward) 17-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Haller.

(a) Residence: No. Chance Md St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chance Md

FATHER

13. NAME Isaac Waller

14. BIRTHPLACE (city or town) (State or country) Chance Md

MOTHER

15. MAIDEN NAME Susan Jones

16. BIRTHPLACE (city or town) (State or country) Chance Md

17. INFORMANT Mrs Fred Winkelman

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Chance Md Date July 30 1933

19. UNDERTAKER Geo L. Schultz

(Address) 2107 Pennsylvania Ave

Filed JUL 27 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	
b	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

I, If so, specify

(Signed) Dan'l Thompson M. D.

(Address) 1363 Roland Ave

M. D. B. 1268-9

E 92369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92369

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St., (Ward) 28-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 10 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carl D. Petersen.

(a) Residence: No. 116 Fremont Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of Melva Petersen.

6. DATE OF BIRTH (month, day, year) September 16, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman, 166

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Carl Petersen.

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Camilla Vogelsang.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Melva Petersen. (wife)
(Address) 116 Fremont Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 29 1933

19. UNDERTAKER Geo. L. Colwell & Son
(Address) 2101 Frederick Ave

20. FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fuc Uptendia.	
Embolism 45 min. after operation.	
Other contributory causes of importance:	

Name of operation Ues Date of 7/25/33

What test confirmed diagnosis Inquiry Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Thom Reinhardt Coroner. M. D.

7/26/33 Address 1017 E. Charles St.

M. D. B. 1268-0

92370 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92370

CERTIFICATE OF DEATH

6-46 6-01

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 100 N. Linwood Avenue, Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Kelly

(a) Residence: No. 100 N. Linwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Patrick Kelly

6. DATE OF BIRTH (month, day, year) 7-26-1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert McLain

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Summers

16. BIRTHPLACE (city or town) (State or country) Crisfield Md

17. INFORMANT Dr. B. Kelly
(Address) 100 N. Linwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/29/33, 19

19. UNDERTAKER George J. Ruth & Son
(Address) 1132 Hollins St

20. FILED 1-29-1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw her alive on Jan 21 at office visit, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Ventriculi
metastatic carcinoma of liver

Date of onset 2 yrs ago

over

Other contributory causes of importance:

arteriosclerosis
myocardial degeneration
Starvation

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. R. Boggs M. D.

(Address) 1013 N Calvert St

Spec.—1-10-21—M&T—1500 Bks.

92371

HEALTH DEPARTMENT—CITY OF BALTIMORE E 92371

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704- Mura St ST., WARD) 10

2-FULL NAME Mary E. Steadman

(a) RESIDENCE NO. 704- Mura St ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? 5 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John V. Steadman

6 DATE OF BIRTH (month, day, and year) 9/10/1866

7 AGE	Years	Months	Days	If LESS than 1 day hrs or ... min.
	66	10	17	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) John F. Steadman 708-E. 41st St

15 Filed JUL 28 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/27 1933

17 I HEREBY CERTIFY, That I attended deceased from 7/22, 1933, to 7/27, 1933, that I last saw h[illegible] alive on 7/26 1933, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage Diabetes Mellitus 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Nancy D. Reedy M. D.

7/27 1933 (Address) 1 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loney Green. Md. DATE OF BURIAL 7/31/33

20 UNDERTAKER Geo. J. Ruth Inc ADDRESS 1335 Harford

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92372

92372

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., ... Ward) 7-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Cox

(a) Residence: No. 1002 McDonough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ~~Manson Cox~~

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fannie Davis
(Address) 1002 McDonough St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date July 28, 1933

19. UNDERTAKER Edward Bryan
(Address) 1631 Jordan st.

20. FILED JUL 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphillis	
Brain Lesion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. H. Haines Coroner, M. D.

(Address) 508 E. Fayette

M. D. B. 1268-9

2373 ✓ E 92373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 10-01

2. FULL NAME Lillian McKennon

(a) Residence: No. 1217 E. Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER'S FATHER

13. NAME Israel Offen

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward Bryan
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date July 28 . 1933

19. UNDERTAKER Edward Bryan,
(Address) 162 Orleans St.

20. FILED JUL 28 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy & Insuff
Nephritis etc

Date of onset

Other contributory causes of importance:

History of Syphillis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Guerin M. D.
Coroner

(Address) 506 E Madison

M. D. B. 1268-9

92374

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92374

CERTIFICATE OF DEATH

34

Registered No. 17-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A. Satchell

(a) Residence: No. 1140 Wilmer Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Estella Satchell

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Estella Satchell

(Address) 1140 Wilmer Court

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7-28-1933

19. UNDERTAKER Dant Easton

(Address) 96 Carey

Huntington Williams N.F.D.

20. FILED 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933 to July 26, 1933

I last saw him alive on July 26, 1933. Death is said to have occurred on the date stated above, at 6 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	
Uraemia	
Terminal bronchopneumonia	

Other contributory causes of importance:

Lues

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Emil J. C. Hildebrand M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 92375

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Charles Thomas Williams 11-01

(a) Residence: No. 1029 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (~~not Wife~~) Mrs C. T. Williams

6. DATE OF BIRTH (month, day, year) Dec. 12, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	58	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank 045

10. Date deceased last worked at this occupation (month and year) July, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Thomas Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Georgia Turner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. C. T. Williams

(Address) 1029 St Paul St., Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth, Va. Date July 29 1933

19. UNDERTAKER John A. Middleton & Son

(Address) 1300 Eastern Ave

20. Filed ...19... Huntington Williams, Registrar.

JUL 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 23 1933 to July 27 1933

I last saw him alive on July 27 1933. Death is said to have occurred on the date stated above, at 2.18 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease & congestive failure	
Uremia	7/25

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ...19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

E 92376

E 92376 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 2-01

1. PLACE OF DEATH U.S.Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 9 yrs. ..... mos. ..... ds.

2. FULL NAME William Gulliksen

(a) Residence: No. 730 S. Broadway, Baltimore, Md. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Olive Olsen Gulliksen

6. DATE OF BIRTH (month, day, year) September 1, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 015

10. Date deceased last worked at this occupation (month and year) 7-1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Sandefjord
(State or country) Norway

FATHER

13. NAME Anton Gulliksen

14. BIRTHPLACE (city or town) Sandefjord
(State or country) Norway

MOTHER

15. MAIDEN NAME Olivine ?

16. BIRTHPLACE (city or town) Sandefjord
(State or country) Norway

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Bank 54 Reformation Church Cem Date July 31 1933

19. UNDERTAKER John F. Denny
(Address) 730 Light St.

20. FILED 28 1933 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to July 26, 1933

I last saw him alive on July 26, 1933. Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphyseme, pulmonery	unknown
Other contributory causes of importance: Pneumothorax, spontaneous	7-18-33 (History)

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) G. Abbott M. D.

(Address) U. S. Marine Hospital, Balto. Md.

M. D. B. 1268-9

E 92377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92377

CERTIFICATE OF DEATH

92-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3105 Walbrook St. Ward) 15

Registered No. ....

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Downey

(a) Residence: No. 3105 Walbrook St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura V.

6. DATE OF BIRTH (month, day, year) 1860 Feb 12

7. AGE — Years 73 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hall Md

FATHER

13. NAME John Downey

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Mary E Upshur

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Mrs. Helen Downey

(Address) 3105 Walbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cem Date July 28. 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED 28 1933 ... 19 ... Lexington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1933

I HEREBY CERTIFY That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 6 years

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner

M. D. B. 1268-9

12378

E 92378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No.) 902 Harmer St., (Ward) 24-31

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susanna Wilson

(a) Residence: No. 902 Harmer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David Wilson

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Cole

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT David Wilson Jr
(Address) 902 Harmer St

18. BURIAL, CREMATION, OR REMOVAL
Laurel Cem Date 7/28 1933

19. UNDERTAKER Samuel T Hensley
(Address) 578 Wadsworth

20. FILED 19 [illegible] Registrar

JUL 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20 1933 to July 25 1933

I last saw her alive on July 25 1933 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pneumonia Lobar	July 20
b.	
c.	
d.	

Other contributory causes of importance:

No Trauma

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 711 S. Broadway

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

M. D. B. 1268-9

E 32379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32379

CERTIFICATE OF DEATH

152

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 1-61

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Zamenski

(a) Residence: No. 1 S. Allington Ave St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Zamenski

6. DATE OF BIRTH (month, day, year) Feb 12 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	5	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Epstein's Industrial Bldg.

10. Date deceased last worked at this occupation (month and year) 69

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Peter Bogdan

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rose Augustin

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem Date July 28 1933

19. UNDERTAKER Lilly & Zucker Inc.

(Address) 403 S. Wolfe St.

Huntington Wilkinson M.D. Registrar.

JUL 28

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 26 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19 1933 to July 26 1933

I last saw h... alive on July 26 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Resection of left upper lip with excision of face.	
Erysipelas Streptococcus	over

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Bizel M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1265-9

E 92380

Elizabeth G. Vallance

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92380

CERTIFICATE OF DEATH

93-003

Registered No. 41

1. PLACE OF DEATH (If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital St. Mty Ward) 4

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth G Vallance

(a) Residence: No. 1855 Portelyn Rd. Dundalk Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Joseph Vallance

6. DATE OF BIRTH (month, day, year) Feb. 21 1900.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Wm M. Cline

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Josephine Healy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) John J. Vallance (Husband) 1855 Portelyn Road Dundalk

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cem. Date July 29th 1933

19. UNDERTAKER (Address) Lilly - Zeske Co 403 S. Wolfe St

20. FILED Huntington Md. 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 7/25/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/3 . 1933 . to 7/25 . 1933

I last saw her alive on 7/23 . 19 33 Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Chronic Pneumonia bilateral	7/24/33
Hypochromic anaemia of	Undetermined
II Pregnancy	7/23/33
Pulmonary Edema	

Other contributory causes of importance:

Myocardial degeneration and decompensation — Undetermined

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Savage M. D.

(Address) Clerk. Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92381

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward) 7-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 dys. How long in U. S. if of foreign birth ... yrs. ... mos. ... dys.

2. FULL NAME Melvin Scarborough

(a) Residence: No. Newton - Miss Route 3 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): 5-30-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ab

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Miss

FATHER

13. NAME: Gremmo Scarborough

14. BIRTHPLACE (city or town) (State or country): Miss

MOTHER

15. MAIDEN NAME: Matilda McGee

16. BIRTHPLACE (city or town) (State or country): Miss

17. INFORMANT: Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place: Wash. D. C. Date: July 31, 193[illegible]

19. UNDERTAKER: Stewart & Mowen

(Address) 108 W. North Ave

FILED 28 1933 Washington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933 to July 28, 1933

Last saw him alive on July 28, 1933 Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pituitary tumor 5 Yrs.

Post operative. (Coma)

Cardiac Failure?

Other contributory causes of importance:

Name of operation Removal Pituitary Tumor, Date of 11/9/33

What test confirmed diagnosis? Many Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Berkeley M. D.

(Address) John Hopkins Hospital

A&Co. 5-31 2500

E 92382 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92382

CERTIFICATE OF DEATH

120

Registered No. 1671

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Riggs St. Ward) long in U.S. If of foreign birth: yrs. mos. ds.

Length of residence in city or town where death occurred

2. FULL NAME Rebecca Webster

(a) Residence: No. 1430 Riggs St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1878

7. AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 0 10
11. Total time (years) spent in this occupation: 40 Yrs

12. BIRTHPLACE (city or town) (State or country): Fairfield Co Md

FATHER:
13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country):

MOTHER:
15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Susie Grey
(Address) 1430 Riggs St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date July 28 1933

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Pressman St Huntington Woodlawn, Md

20. FILED [illegible] 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17 1933 to July 25 1933

I last saw her alive on July 24 1933 Death is said to have occurred on the date stated above, at 4:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Gastro Enteritis	8 Days

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Link M. D.

(Address)

M. D. B. 1268-9

W12 E. 25th St

E 92383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92383

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH Homewood Apartments

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Charles & 31st St., Ward) 12-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward W. Lester

(a) Residence: No. Charles & 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Gardner

6. DATE OF BIRTH (month, day, year) June 29, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME ------- Lester

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Walter J. Stewart

(Address) Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 7/29 1933

19. UNDERTAKER Henry H. Meaks & Son

(Address) 705 N. Calvert St.

20. FILED JUL 28 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to July 27 1933

I last saw h. alive on July 27, 1933. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary obstruction	July 27 '33
Other contributory causes of importance:	
Arterio-Sclerosis	?
Bronchiectasis	?
Angina Pectoris	Feb. 33

Name of operation none Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) John S. Rinehoff, M. D.

(Address)

OCCUPATION IS very important.

M. D. B. 1268-B

92381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 E 92381

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Watts

(a) Residence: No. 1502 Whitelock St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Watts

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Agnes Payne

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/29/33 19

19. UNDERTAKER Mrs. George H. Holland (Address) Huntington Williams, Inc.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 26, 1933.

I last saw h. alive on July 26, 1933 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, tuberculous	3 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Magill M. D.

(Address) Balt. City Hosp

M. D. B. 1268-9

92385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

E 92385

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Bibbs. 14-01

(a) Residence: No. 1727 Druit Hill ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Douglas.

6. DATE OF BIRTH (month, day, year) 2/14 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna Anderson

16. BIRTHPLACE (city or town) (State or country) Wash DC.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 7/28/33 19

19. UNDERTAKER Mrs Jos H Kellam

(Address) Laurel Md

FILED 28 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/24 1933 to 7/25 1933

I last saw her alive on 7/25 1933 Death is said to have occurred on the date stated above, at 10:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus with Metastasis	?
	?

Other contributory causes of importance

Enlarged glands	?
Post operative shock	1 hr.

Name of operation Hysterectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. O'Magill M. D.

(Address) Balto City Hosp.

OCCUPATION is very important.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92386

CERTIFICATE OF DEATH

131 E 92386

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Chatham Road Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Bange

(a) Residence: No. 3702 Chatham Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Bange

6. DATE OF BIRTH (month, day, year) Nov. 1. 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mid Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Obst

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Katherine Volke
(Address) 3702 Chatham Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 29. 1933

19. UNDERTAKER Mrs & Mrs. John W. Teufel & Son
(Address) 804 W. Fayette St.

20. FILED Huntington Wilkinson M.D. Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933 to July 27 1933

I last saw her alive on July 27 1933 Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	7/23
Other contributory causes of importance: Cardio-Vascular-Renal disease	3 yrs

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph F. Lankarter M. D.

(Address) 674 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92387

CERTIFICATE OF DEATH

163 E 92387

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 N Wolfe St., ... Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Francis Drury Behm (Berm)

(a) Residence: No. 1519 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian M. Behm

6. DATE OF BIRTH (month, day, year) June 10 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	1	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 052

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Paul R Behm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta W Klinkert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillian M Behm
(Address) 1519 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Valley's Date July 29 1933

19. UNDERTAKER Hurt Funeral Home
(Address) North Avenue

28 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on about 6 P.M. Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Analysis stomach contents Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place where working 1623 N. Wolfe St.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 108 E Monument

M. D. B. 1268-9

M V

HEALTH DEPARTMENT—CITY OF BALTIMORE

92388

CERTIFICATE OF DEATH

207 E 92388

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-81 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. * St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 35-38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME *

14. BIRTHPLACE (city or town) (State or country) *

MOTHER

15. MAIDEN NAME *

16. BIRTHPLACE (city or town) (State or country) *

17. INFORMANT Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date July 28, 1933

19. UNDERTAKER [redacted] Hospital.
(Address)

20. FILED JUL 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21/33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull and other injuries	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/21/33
Where did injury occur? Penna R.R. & Loney's Lane (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury Struck by Locomotive
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) 508 E Fayette

M. D. B. 1268-9

92389

HEALTH DEPARTMENT—CITY OF BALTIMORE

92389

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Clark

(a) Residence: No. 945 W. Lexington st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Cordell Clark

6. DATE OF BIRTH (month, day, year): April 29, 1907

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	—	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Henry Clark

14. BIRTHPLACE (city or town) (State or country): Virginia ?

MOTHER

15. MAIDEN NAME: Daisy Davis

16. BIRTHPLACE (city or town) (State or country): Virginia ?

17. INFORMANT: Hospital Records
(Address)

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~
Place University of Md Date July 28 1933

19. UNDERTAKER .....
(Address) .....

28 1933 ..... 19 .....

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 4 1933 to July 23 1933

I last saw him alive on July 23 1933. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. V. Jackson M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

92390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

E 92390

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Beaumont Ave St., Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U.S. if of foreign birth? 27 yrs. 01 mos. ...ds.

2. FULL NAME Juliet A Bowen

(a) Residence: No. 817 Beaumont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert M. Bowen

6. DATE OF BIRTH (month, day, year) Sept. 7, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
80	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James T Hewell

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lidia A. Bennett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Bowen
(Address) 817 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7/29/33 19

19. UNDERTAKER Rite Wiedefeld
(Address) 914 Greenmount Ave

28 1933 Huntington Millsaps, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to July 27, 1933

I last saw her alive on July 26, 1933 9 A.M. Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectal Cancer	7/26/33
Metastasis	
Acute Cholecystitis	7/29/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edwin B Jones M. D.

(Address) 1115 St Paul St. City

M. D. B. 1268-9

92391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 92391

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Argyle Ave St., Ward) 14-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Wooden

(a) Residence: No. 1418 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Emma Wooden

6. DATE OF BIRTH (month, day, year) March 24, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	-4	2 -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salesbury Md.

FATHER

13. NAME Sandy Wooden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma Wooden (wife)
(Address) 1418 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-29 1933

19. UNDERTAKER Stuart Easton
(Address) 976 Pa Ave

FILED 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to July 26, 1933

I last saw him alive on July 24, 1933. Death is said to have occurred on the date stated above, at 10 45 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemmorrhage due to Phthisis. — Date of onset July 24 1933

Other contributory causes of importance: Phthisis. — 1928

Name of operation none, Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. F. Young M. D.

(Address) 1424 Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

375 046 92392 — 92392 — X 46 — E 92392

Registered No. .....

I. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 3-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME J. Harry Rew

(a) Residence: No. ..... Parksley St., ... Virginia Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Frank Rew

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eva Byrd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Parksville Va Date July 30 . 193

19. UNDERTAKER Mary M. Schaffer
(Address) 1810 E Monument St

Hampton Williams Co
Funeral Home

281933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18 . 1933 to July 28 . 1933 I last saw him alive on July 28 . 1933 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Pleurisy followed by myocardial failure

Name of operation Partial Gastrectomy Date of 7/15/33

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. R. Trimble M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92393

CERTIFICATE OF DEATH

75 E 92393

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., Ward) 2-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Gloz

(a) Residence: No. 1832 Gough St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Gloz

6. DATE OF BIRTH (month, day, year) April 13 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Casimer Gloz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Helen Gloz

(Address) 1832 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date July 29. 1933

19. UNDERTAKER John M Weber

Address 40 [illegible] Huntingdon Pennsylvania, N.J.

20. FILED JUL 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7:45 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Pollenzonni M. D.
Coroner

(Address) 130 N. Patterson Park Ave

M. D. B. 1268-9

E 92394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 92394

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2740 Alameda Ave Ward) 9-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin L Cook

(a) Residence: No. 2740 Alameda Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 19th 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo John Cook

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Minnie Straft

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Layr Mumpner
(Address) 2740 Alameda Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date July 29, 1933

19. UNDERTAKER Leo G. Cook
(Address) 1923 N Patt Park Ave
Hampton Williams, Mgr.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to July 26, 1933

I last saw h— alive on July 25, 1933 Death is said to have occurred on the date stated above, at 10½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1932
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John T Avery, M. D.

(Address) 1603 Orleans St

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92395 E 92395

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. 142-002 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs 1 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Deca 8-01

(a) Residence: No. 1121 N Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced (or) WIFE of Maurice Deca

6. DATE OF BIRTH (month, day, year) October 27 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Anthony Bolla

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Antonietta Ciccone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maurice Deca
(Address) 1121 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 29, 1933

19. UNDERTAKER Kendall & Siegel
(Address) 320 S. Eutaw St

Huntington Williams, M.D.
Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933 to July 26 1933

I last saw h 9 alive on July 26, 1933 death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Ectopic Pregnancy	7-23-33
(2)	
Other contributory causes of importance: Acute Anginal	
Heart Failure	7-26-33

Name of operation Salpingectomy Date of 7-24-33

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. M. L. Currie, M. D.

(Address) So. Balto. Gen. Hosp

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92396

CERTIFICATE OF DEATH

82-001

E 92396

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 531 Penna Ave (St.) (Ward) 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Jackson

(a) Residence: No. 531 Penna Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas Jackson

6. DATE OF BIRTH (month, day, year) 1881

7. AGE: Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Chas Jackson

(Address) 531 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7-29, 1933

19. UNDERTAKER Daniel Easter

(Address)

20. FILED 7-29-33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 33

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19 I last saw h alive on July 27 33 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Sudden

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Link, M. D. Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

92397 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92397

CERTIFICATE OF DEATH

46

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 80 r E 33rd St., Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Catherine Worthington

(a) Residence: No. 80 r E 33 St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard N. Worthington

6. DATE OF BIRTH (month, day, year) Dec 27 1865

7. AGE: Years 67 | Months 6 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME George Wichmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Eifkel

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Howard N. Worthington (Address) 80 E 33 St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date July 29 1933

19. UNDERTAKER Coe-Page Co. (Address) 1023 N Eutaw St

20. FILED [illegible] Registrar.

JUL 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26" 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1932 to July 26 1933

I last saw her alive on July 26 1933 Death is said to have occurred on the date stated above, at 11.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance:	

Name of operation Exploratory Laparotomy Date of operation May 17 33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George D. Lefebvre M. D.

(Address) 432 S. Catherine St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92398

CERTIFICATE OF DEATH

E 92398

1. PLACE OF DEATH Maryland General Hospital 122 001 Registered No. 20-01

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 7 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Helen ~~Goppelton~~ Appeltoff

(a) Residence: No. 2131 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Howard E. Appeltoff

6. DATE OF BIRTH (month, day, year) Feb. 8/1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Joseph B. Forbes

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Miss Moore

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Loudon Park Date July 31 1933

19. UNDERTAKER J. B. Cook
(Address) 1003 W. Baltimore St.

Filed JUL 28 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-16 1933 to 7-27 1933

I last saw her alive on 7-27-33 19 ..... Death is said to have occurred on the date stated above, at 12:50 P.m.

The prinripal cause of death and related causes of importance were as follows: Coronary Embolism — Date of onset 7-27-33

Other contributory causes of importance: Ventral Hernia — 4-27-33

Name of operation Herniaplasty Date of 7-17-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. D. Spence M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92399 E 92399

CERTIFICATE OF DEATH

93-003 Registered No. 19-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Hoffmann

(a) Residence: No. 215 N. Fulton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Reinhardt Hoffmann

6. DATE OF BIRTH (month, day, year) Aug. 12, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ernst Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Stadler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date July 31st 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

28 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933 to July 28, 1933

Last saw h[illegible] alive on July 28, 1933 Death is said to have occurred on the date stated above, at 10 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Cystitis	?
Malnutrition	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92400 274906

CERTIFICATE OF DEATH

139.003 E 92400

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Jeffers

(a) Residence: No. 127 (2214) N Bond St., 8-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd

6. DATE OF BIRTH (month, day, year) 3-8-09

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lou Perrin

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Reisterstown Md Date July 29, 1933

19. UNDERTAKER Robert W. Miller & Co

(Address) 515 W. Lexington St

Filed 1933 Huntington Williams, M.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933 to July 28, 1933

I last saw her alive on July 28, 1933 Death is said to have occurred on the date stated above, at 3:23 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. chronic endocarditis	7/2/33

Other contributory causes of importance

general peritonitis	7/22/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold A. Stout M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92401

CERTIFICATE OF DEATH

E 92401

94-006

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Sarah Ann St. St., Ward) 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Weaver.(E)

(a) Residence: No. 1119 Sarah Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, HUSBAND of (WIFE of) Bertha Weaver.(C)

6. DATE OF BIRTH (month, day, year) December 24, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sample carrier.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alfred Smith.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Amanda Weaver.(C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Bertha Weaver.(C) wife.
(Address) 1119 Sarah Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date July 28th 1933

19. UNDERTAKER Archibald W. Gaddis
(Address) 241 E. Baltimore St.

20. FILED 28 1933 H. Eugene Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the Coronary Arteries.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thos. Reinhardt Coroner. M. D.

7/27/33 Address) 1017 E. Charles St.

M. D. H. 1268-9

✓ E. 92402

HEALTH DEPARTMENT—CITY OF BALTIMORE

92402

CERTIFICATE OF DEATH

X E 92402

183 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor at Fort McHenry St., Ward) 24-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Cussel Hutchinson

(a) Residence: No. Salisbury Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury Md
(State or country)

FATHER

13. NAME George Dell

14. BIRTHPLACE (city or town) Del
(State or country)

MOTHER

15. MAIDEN NAME Emma Jones

16. BIRTHPLACE (city or town) Virginia Va
(State or country)

17. INFORMANT Walter A. Holloway
(Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Md Date July 29, 1933

19. UNDERTAKER Gordon L. Cothran,
Address Salisbury Md

28 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.0 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 24, 1933

Where did injury occur? Ft McHenry
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Accident

Manner of injury Fell off Boat

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) ..... M. D.
Coroner.

(Address) 1300 Fidelity Bldg

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92403

CERTIFICATE OF DEATH

13-002 483

92403

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Baltimore St. (Ward) 20-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wisong

(a) Residence: No. 518 N. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24-1926

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
5	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Welzan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida V. Stoll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm Welzan

(Address) 518 N. Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date July 29-1933

19. UNDERTAKER George L. Schmidt

(Address) 2401 Eastern Ave

28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19 1933 to July 27 1933

I last saw h alive on July 27 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
a Bacillary Dysentery	3 Days	
b		
c		
d		

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Gutz M. D.

Coroner

(Address)

M. D. R. 1268-9

✓ E 92404

HEALTH DEPARTMENT—CITY OF BALTIMORE

92401

CERTIFICATE OF DEATH

X E 92404

186-001

184-01

Registered No.

1. PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Atkinson

(a) Residence: No. Woodlawn, Balto., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Atkinson

6. DATE OF BIRTH (month, day, year) March 5, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank Young

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Atkinson

(Address) Arlington, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lawn Date July 31, 19 33

19. UNDERTAKER F. P. Kirwin Sons

(Address) Catonsville, Md

29 1933

19a. [illegible] Registrar.

(Watchman)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 28, 1933

I last saw her alive on July 28, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	7-27

Other contributory causes of importance:

Fracture of femur March 1933 (over)

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) C. O. Chrow Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92405 E 92405

CERTIFICATE OF DEATH

82-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Northway St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice A. Perry 27-01

(a) Residence: No. 210 Northway St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Reuben N. Perry

6. DATE OF BIRTH (month, day, year) March 5-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimor Maryland

FATHER

13. NAME Charles E Simpson

14. BIRTHPLACE (city or town) (State or country) Baltimor Maryland

MOTHER

15. MAIDEN NAME Martha White

16. BIRTHPLACE (city or town) (State or country) Baltimor Maryland

17. INFORMANT Mrs. Norman K. Freeman
(Address) 210 Northway

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 29th 1933

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED Huntington Williams, Registrar.
JUL 29 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1926 to July 27, 1933

I last saw her alive on July 25, 1933 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1926

Other contributory causes of importance:

Cerebral Thrombosis	7-27-33

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas C. Von Judd, M. D.

(Address) 777 Melrose Road

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92406 E 92406

CERTIFICATE OF DEATH

23

Registered No. 26-01

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raphael Stewart

(a) Residence: No. 3217 E. Baltimore st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Robert Stewart

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Hesse

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 27th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Baltimore St

29 1933 H. Eugene Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 26, 1933
I last saw him alive on July 26, 1933 Death is said to have occurred on the date stated above, at 8.32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M W Jacobson, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92407

CERTIFICATE OF DEATH

23 E 92407

Registered No. .....

1. PLACE OF DEATH UNIVERSITY HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MARYLAND St., ... Ward) 21-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARGARET WRIGHT

(a) Residence: No. 1003 S Paca. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. [illegible] Female. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none!

6. DATE OF BIRTH (month, day, year) DEC 24 1931

7. AGE: Years 1 Months 7 Days 4 ** LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Wright.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Crauf.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT William Wright

(Address) 1003 S Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 7-31, 1933

19. UNDERTAKER Bernard C. Clarke

(Address) 1000 S. Paca St.

20. FILED 19 [illegible] Registrar.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from JULY 4, 1933, to JULY 28, 1933

I last saw her alive on JULY 28, 1933. Death is said to have occurred on the date stated above, at 6 30 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset

Other contributory causes of importance:

Tuberculous meningitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard H. Lowe M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92408 — E 92408

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Strieker St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Mitchell 19-01

(a) Residence: No. 412 N. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Mitchell

6. DATE OF BIRTH (month, day, year) 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 39

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston S. Car.

FATHER

13. NAME Henry Burnett

14. BIRTHPLACE (city or town) (State or country) Charleston S. C.

MOTHER

15. MAIDEN NAME Rebecca Richardson

16. BIRTHPLACE (city or town) (State or country) Charleston S. C.

17. INFORMANT Joseph Mitchell
(Address) 412 Strieker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 29 1933

19. UNDERTAKER Mrs Katie B. Williams
(Address) 332 E Biddle St.

Huntington Williams Registrar.

29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/26/ 1933 to 7/27/ 1933

I last saw her alive on 7/26/ 1933 Death is said to have occurred on the date stated above, at 4. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T-B	Apr 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) J. B. Hawkins M. D.

(Address) 912 Eutaw St

OCCUPATION IS VERY important.

Spec.—4-30—A. & Co.—250 Bks.

92409

HEALTH DEPARTMENT—CITY OF BALTIMORE

92409

CERTIFICATE OF DEATH.

127

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Kurtz

(a) RESIDENCE NO. 136 E. Chowder St. ST. 18-01

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-16-10

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER Hubert Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Bessie Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Mrs Margaret Kurtz)
(Address) Same

15 Filed Huntington Williams, M.D. Registrar

29 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-33

17

I HEREBY CERTIFY, That I attended deceased from 7-17-33, 19, to 7-28-33, 19

that I last saw him alive on 7-28-33, 19

and that death occurred, on the date stated above, at 6:25 P m.

The CAUSE OF DEATH* was as follows:

Acute Cholangeitis
Empyema of Gall Bladder
Post-operative hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post-operative hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-26-33

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert N. Allison, M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: 7/31/1933

20 UNDERTAKER: John J. Cowan & Son ADDRESS: 90 Holliday St.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92410

CERTIFICATE OF DEATH

89-001

E 92410

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N. Bradford St. Ward) 6-01

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Bullock

(a) Residence: No. 5 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 11 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William J Bullock

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ruby Hall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm J Bullock

(Address) 5 N. Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem Date July 29 1933

19. UNDERTAKER Geo C Kerkhoff & Son

(Address) 1300 Eutaw Place

Registered by

29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Duration	Interval between onset and death
Probable Meningitis	2-3	days

Other contributory causes of importance: ???

Suppurating Rt Ear

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? n

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Wolf M. D.
Physician

(Address) 501 E Fayette

STATE CAUSE OF DEATH IN DETAIL. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 92411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 92-001

E 92411

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Jefferson St., Ward) 6-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Bowling Sr.

(a) Residence: No. 2021 Jefferson St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bowling

6. DATE OF BIRTH (month, day, year) Feb. 13 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	04	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bkr

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Bowling

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary A. Dashields

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Catherine Bowling

(Address) 2016 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 31 1933

19. UNDERTAKER Philip Hendrickson

(Address) 2016 Orleans St

... Registrar.

JUL 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1926 to July 29, 1933

I last saw him alive on Jan. 10, 1933. Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	

Other contributory causes of importance:

Acute dilatation.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm D Schmitt M. D.

(Address) 704 N. Eastwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT — CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-02 V

131 E 92412

92412

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 N. Carey St., ... Ward) 16-01

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Forrester

(a) Residence: No. 832 N. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Forrester

6. DATE OF BIRTH (month, day, year) Aug 13 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanitation Co
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

FATHER

13. NAME John Forrester
14. BIRTHPLACE (city or town) (State or country) Baltimore Co

MOTHER

15. MAIDEN NAME Marguerite Sumelin
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs. Forrester
(Address) 300 Annabel Road

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date July 29, 1933

19. UNDERTAKER Thomas E Kelson
(Address) 1323 Presstman St.

29 1933 Huntington Williams M.D. (Registrar)

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933, to July 26, 1933

I last saw h... alive on July 26, 1933 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amyloid (Metastatic)	

Other contributory causes of importance: Bronchial Pneumonia Contributory Valvular Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92413

E 92413

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 17-01

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1045 Myrtle Ave ST., WARD)

2—FULL NAME William Coward Sr.

(a) RESIDENCE NO. 1045 Myrtle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary F Coward.

6 DATE OF BIRTH (month, day, and year) 6/26/1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O+O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Little Wash. N.C.

PARENTS

10 NAME OF FATHER Peter Coward.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Little Wash. N.C.

12 MAIDEN NAME OF MOTHER Sarah Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Little Wash. N.C.

14 Informant Wm Coward Jr.

(Address) 1045 Myrtle Ave.

Filed 29 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-27-33

17 I HEREBY CERTIFY, That I attended deceased from 7-12-33, 19..., to 7-26-33, 19...

that I last saw h[illegible]live on ..., 19...

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) arteriosclerosis - hypertension

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. H. Cordoza, M. D.

7-27-33 Address N 24 Wolfe ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem.

DATE OF BURIAL 7/29 1933

20 UNDERTAKER Chas. S. Cooper

ADDRESS 510 E Fayette St

Spec.—8-30—A. & Co.—250 Bks

E 92414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92414

CERTIFICATE OF DEATH. 120

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1017 S. Stange St. WARD) 23-01

2. FULL NAME Sadie Saunders

(a) RESIDENCE NO. 1017 Stange St. WARD 23
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James Saunders

6 DATE OF BIRTH (month, day, and year) 4/13/90

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Sinclair

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Forrester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Pauline Brown 1019 Stange St

15 Filed JUL 29 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27. 33

17

I HEREBY CERTIFY. That I attended deceased from July 5th, 1933, to July 21st, 1933 that I last saw h Sr alive on July 27th, 1933 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Enterocolitis (Ulcerative)

(duration) yrs. mos 2 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D T Cassell M. D.

1933 (Address) 112 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cy

DATE OF BURIAL July 31 1933

20 UNDERTAKER Isaiah L Brown Sons

ADDRESS 107 W Monument St

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

Shirley Suter ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

92415 63 E 92415

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5602 Narcissus Ave. ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Shirley Suter 27-57

(a) RESIDENCE NO. 5602 Narcissus Ave. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wht	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27/32

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Butte (State or country) Mont.

PARENTS

10 NAME OF FATHER John Suter

11 BIRTHPLACE OF FATHER (city or town) Butte (State or country) Mont.

12 MAIDEN NAME OF MOTHER Alice Anderson

13 BIRTHPLACE OF MOTHER (city or town) Butte (State or country) Mont

14 Informant Mr. Geo. Anderson (Address) 5600 Narcissus Ave.

15 Filed ..... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1933

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to July 27, 1933, that I last saw h[illegible] alive on July 26, 1933 and that death occurred, on the date stated above, at 1215 P. m.

The CAUSE OF DEATH* was as follows:

Encephalomyelitis, following Varicella

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) E. L. Smith, M. D.

7/27, 1933 (Address) 1605 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL July 29 1933

20 UNDERTAKER Alice F. Hilkert ADDRESS 1300 Eutaw Place

Important. See instructions on back of certificate.

July 29 1933

M. D. B. 1268-9

Jennie R. Ellwood ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

92416

CERTIFICATE OF DEATH

99 E 92416

Registered No.

1. PLACE OF DEATH: Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Mrs Patrick Cummings (Jennie) Ellwood 27-01

(a) Residence: No. 4212 Hartford Rd St., Ward.
(Usual place of abode) Balto Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of Patrick Cummings Ellwood

6. DATE OF BIRTH (month, day, year): 3-29-77

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56-06	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife ✓ 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country): Penn. ✓

FATHER

13. NAME: Albert Goff ✓

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Jennie Ross ✓

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT: Husband
(Address) 4212 Hartford Rd. Balto. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lakewood Date July 29 1933

19. UNDERTAKER: F. P. Hilgert & Son
(Address) 1300 Eutaw Pl

20. FILED 19 A. Registrar

Huntington Hilgert, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/27/33 19

22. I HEREBY CERTIFY, That I attended deceased from 7-21-33, 19, to 7-27-33, 19

I last saw her alive on 7-27-33, 19. Death is said to have occurred on the date stated above, at 3:18 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-15-33
Coronary Occlusion	7-15-33
Pulmonary embolism & infarction	
Myocardial failure	

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? X ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-II 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92417

CERTIFICATE OF DEATH

82-001 E 92417

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 E - 33rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander V. Jarrett 9-01

(a) Residence: No. 625 E. 33rd St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Deceased

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

FATHER

13. NAME William Basemann

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emily Stockdale

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Madge Merrick

(Address) New Kensington

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Pa Date 7/29/ 1933

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1518 Light

JUL 28 1933

20. FILED 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1928 to 7/26 1933

I last saw her alive on 7/26 1933 death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/23/33

Other contributory causes of importance:

Arteriosclerosis	Gradual

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Hart, M. D.

(Address) 1403 Oak Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 92418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92418

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 W. Hughes St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME Milton Johnson Jr.(C) 22-07

(a) Residence: No. 9 W. Hughes St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) June 28, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Milton Johnson Sr.(C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Green.(C)

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Margaret Johnson.(C) mother
(Address) 9 W. Hughes St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Moriah Cem. Date 7/29, 1933

19. UNDERTAKER Walter Bishop
(Address) 3 Lewis Hamilton Ave.

20. JUL 29 1933 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency. Congenital.	
7 Mos. Utero Gest, Weight 3 1/2 lbs.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquity Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Otto M. Reinhardt M. D.
Coroner

(Address) 1017 E. Charles St.

M. D. B. 1268-8

92448 27 14 48

HEALTH DEPARTMENT—CITY OF BALTIMORE 92419

CERTIFICATE OF DEATH

51

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 2 wk yrs. .. mos. .. ds. How long in U. S. if of foreign birth? 2-01 yrs. .. mos. .. ds.

2. FULL NAME Stanislaus Wlodarck

(a) Residence: No. 416 S. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year) 2-19-65

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	8	

Corrected to 68

OCCUPATION

8. (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanislaus Wodarck

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marie Brzenska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date July 31 1933

19. UNDERTAKER George A. Weber
(Address) 765 E. Fayette St.

20. FILED JUL 29 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933 to July 27, 1933

I last saw h.. alive on July 27 1933 Death is said to have occurred on the date stated above, at 5 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
Hypostasis	
Pulmonary Embolus?	
Broncho-Pneumonia?	over

Other contributory causes of importance:

Name of operation Resection of Carcinoma of Bladder & Perit. Date of 7/17/33

What test confirmed diagnosis? Operation and was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd C. Cope M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001 E 92420

92420

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Feneal Hospital St., ... Ward)

Length of residence in city or town where death occurred ....yrs. 41 mos. ....ds. How long in U.S. if of foreign birth? 46 yrs. ....mos. ....da.

2. FULL NAME Frank Pelz 7-01

(a) Residence: No. 2122 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pauline Pelz

6. DATE OF BIRTH (month, day, year) Feb. 24, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	52	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 086

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Pelz

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date July 31, 1933

19. UNDERTAKER Frank Estate Son
(Address) 1966 Ashland Ave
Thaddeus Williams, M.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

JUL 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933 to July 28, 1933

I last saw him alive on July 28, 1933 death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Septic Meningitis
Brain Abscess
Pulmonary Infarction

Date of onset

Other contributory causes of importance: Infected ulcer — Left thigh + groin

Name of operation Wound Revision Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Stein, M.D.

(Address) South Baltimore Feneal Hosp

M. D. B. 1268-9

AT 52794 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92421

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Etta Chapman 7-01

(a) Residence: No. Lutherville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-10-12

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Ben Chapman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Marrs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Middleburg Va Date 7/30/ 1933

19. UNDERTAKER Mrs Lorge H. Holland

(Address) 16 W Lanvale St

FILED 29 1933 H. Tinsley Wilmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to July 27, 1933

I last saw her alive on July 27, 1933 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia — type not known	2 wks
Meningitis — type not known	2 days
Other contributory causes of importance:	
cavernous sinus thrombosis	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Fred Weil, M. D.

(Address) Johns Hopkins Hospital

Form 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92422 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 E 92422

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Sexton St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Crutchley. 25-01

(a) Residence: No. 1719 Sexton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, WIFE of HUSBAND of XXXXXXXXXXXX Naoma Crutchley.

6. DATE OF BIRTH (month, day, year) July 12, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M. E. Minister.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 618

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick, Md.

FATHER

13. NAME Edward Crutchley.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Jukia Norris.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Naoma Crutchley. (wife)

(Address) 1719 Sexton St.

18. BURIAL, ~~CREMATION~~, ~~REMOVAL~~

Place Loudown Cemty Date July 31 1933

19. UNDERTAKER E. Pratt Douglas

(Address) Laurel Md.

20. FILED JUL 29 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the Coronary Arteries.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. H. Feinhardt Coroner M. D.

7/29/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ E 92423

E 92423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 2013 Wilhelm St., ... Ward) 20-U

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arah Shipley

(a) Residence: No. 2013 Wilhelm St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Aug 6th 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklintown Balto Co Md.

FATHER

13. NAME Artimus Shipley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Arah Marr

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna Thomas

(Address) 2013 Wilhelm St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 31st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, Reg

Registrar

UL 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE (RE) 2424

92424

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 N. Monroe St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Mathias 15-01

(a) Residence: No. 2019 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mark Mathias

6. DATE OF BIRTH (month, day, year): July 19 1877

7. AGE: Years 56 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm Tilghman

14. BIRTHPLACE (city or town) (State or country): Queen Anne Md

MOTHER

15. MAIDEN NAME: Mary Bowman

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mark Mathias 2019 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL: London Park Date 7/31 1933

Place: .....

19. UNDERTAKER (Address): Wm Cook 1217 E. Baltimore St.

Filed: JUL 30 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: Uncertain

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Feick M. D. Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92425 E 92425

CERTIFICATE OF DEATH

94-001 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 42 yrs. ---- ds.

2. FULL NAME Louis Kravitz. 11-01

(a) Residence: No. 1009 Cathedral St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Mendel Kravitz.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT David Brown. (nephew by marriage)

(Address) 807 E. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rising Sun Date July 30 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 117 E Butte St

20. [illegible] July 30 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to 19

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, 12.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the Coronary Arteries.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Theo M. Reinhardt Coroner, M. D.

7/20/33 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr. Gidney 622 W. Fayette ave [illegible] E 92426

E 92426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 Eutaw Place St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth B. Rest 14-01

(a) Residence: No. 2030 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Joseph H. Rest

6. DATE OF BIRTH (month, day, year) Sept 8th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John B. Gutman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Dorothy Pohlman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lloyd V. Rest

(Address) 2030 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 31st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 30 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933 to July 28, 1933

I last saw h[illegible] alive on July 26, 1933. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr

Other contributory causes of importance:

Chronic Cystitis	1 yr

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify —

(Signed) W. S. Gray M. D.

(Address) 622 W. Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92427

HEALTH DEPARTMENT—CITY OF BALTIMORE

92427

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1533 Covington St. St., ... Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward E. Fisher

24-01

(a) Residence: No. 1533 Covington St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Fisher

6. DATE OF BIRTH (month, day, year) Aug. 29 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B&O R. R. 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

FATHER

13. NAME George Fisher

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER

15. MAIDEN NAME Ida R. Stivers

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mrs. Nellie Fisher

(Address) 1533 Covington

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date July 31 1933

19. UNDERTAKER J. Finn McCully

(Address) 130 E. Fort Ave

Huntington Williams, Asst Registrar.

L 30 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28 , 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 , 1932 to July 28 , 1933

I last saw h... alive on July 28 , 1933 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1931
Peritoneal Carcinoma Intestinal	1933

Other contributory causes of importance:

Name of operation Partial Gastrectomy Date of 1932

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney H. Strull, M. D.

(Address) 450 E. Fort Ave.

M. D. B. 1268-9

E 92428

HEALTH DEPARTMENT—CITY OF BALTIMORE E 92428

CERTIFICATE OF DEATH 82-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2205 Ellamont St., Ward)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael P. Shiel 15-01

(a) Residence: No. 2205 Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eleanor R. Schleunes

6. DATE OF BIRTH (month, day, year): Oct. 21, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Division 4

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mdse Manager Hutzler Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dublin Ireland

FATHER

13. NAME: Not obtainable

14. BIRTHPLACE (city or town) (State or country): " Ireland

MOTHER

15. MAIDEN NAME: Not obtainable

16. BIRTHPLACE (city or town) (State or country): " Ireland

17. INFORMANT: Mrs. Eleanor R. Shiel
(Address) 2205 Ellamont Street

18. BURIAL, CREMATION, OR REMOVAL
Place White Plains, N. Y. Date 7/31 1933

19. UNDERTAKER: Henry W. Myers & Son
(Address) 804 N. Eutaw St.

20. FILED Huntington, W. Va. Registrar

JUL 29 1933

Via Penn. Railroad Escort - Mrs. Fleming

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933 to July 29, 1933
I last saw him alive on July 28, 1933 Death is said to have occurred on the date stated above, at 1 Ai m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meredith Lorell M. D.

(Address) 3705 Liberty Hgts. Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92429

92429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5104 Norwood Ave., Ward) Howard Pk

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Sarah Runge 28-01

(a) Residence: No. 5104 Norwood Ave Howard Park

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agustus A. Runge

6. DATE OF BIRTH (month, day, year) Feb. 12, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alexander Simpson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Greer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Agustus A. Runge

(Address) 5104 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date July 31, 1933

19. UNDERTAKER Harry H. Bitzle

(Address) 4401 Edmondson Ave

20. FILED ... (Signature of Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23 1933 to July 28 — 1933

I last saw her alive on 6-8-1933 Death is said to have occurred on the date stated above, at 1030 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1923

Other contributory causes of importance:

Arthritis Deformans

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury X, 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X If so, specify X

(Signed) Hunt Smith M. D.

(Address) 3410 Charles

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

UL 38 1000

M. D. B. 1268-9

E 92130

92130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104-002

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. East 33rd St., Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

12-61

2. FULL NAME Wilson A. Sanders

(a) Residence: No. Glenon, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenon, Md.

FATHER

13. NAME Harry D. Sanders

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Belle Light

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry D. Sanders
(Address) Glenon Md

18. BURIAL, CREMATION, OR REMOVAL
Place Hawk Chapel Cem Date Aug 1 1933

19. UNDERTAKER Clarence E. Arthur
(Address) York Md.

20. FILED JUL 30 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27 1933 to July 30 1933

I last saw him alive on July 30 1933 Death is said to have occurred on the date stated above, at 5:35 P.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
(1) Bilateral empyema of frontal sinuses ~~and bilateral frontal lobe abscesses~~	7/24/33
(2) Localized meningitis, frontal lobes, bilateral	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 92431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92431

CERTIFICATE OF DEATH

X 131

1—PLACE OF DEATH 1364 N. Calhoun REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Manuel Ferron 15-0

(a) RESIDENCE NO. 1364 N. Calhoun ST., WARD Salisbury North Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W. M.	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/9/1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator — Steam Hammer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Salisbury (State or country) North Carolina

PARENTS

10 NAME OF FATHER William Ferron

11 BIRTHPLACE OF FATHER (city or town) Salisbury (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Maria Bolen

13 BIRTHPLACE OF MOTHER (city or town) Salisbury (State or country) North Carolina

14 Informant Sula Lord.

(Address) Salisbury N. C.

15 Filed JUL 31 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30/33

17 I HEREBY CERTIFY, That I attended deceased from July 1933 to July 30 1933

that I last saw him alive on July 30 1933

and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Myocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis, Hypertension

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 632 Baker st

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Salisbury N. C.	July 31 1933
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	130 Pressman St

Important. See instructions on back of certificate.

M. D. R. 1268-9

92432 ✓ E 92432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary St., Ward)

Registered No. 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Waitman T. Willey

(a) Residence: No. 3923 Juniper Rd. St., Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Electa Madeira Powell

6. DATE OF BIRTH (month, day, year) Sept 26 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	56	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgantown W. Va

FATHER

13. NAME William P Willey

14. BIRTHPLACE (city or town) (State or country) Morgantown W. Va

MOTHER

15. MAIDEN NAME Lyda Allen

16. BIRTHPLACE (city or town) (State or country) Morgantown W. Va

17. INFORMANT S. Procter Brady Jr (Address) Brooklandville Md

18. BURIAL, CREMATION, OR REMOVAL Place GREENMOUNT Cem. Date July 31st 1933

19. UNDERTAKER HENRY W. JENKINS SONS. Co' (Address) ORCHARD & McCulloh Sts

20. Filed JUL 31 1933 Hunting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933 to July 29, 1933

I last saw him alive on July 29 1933 Death is said to have occurred on the date stated above, at 1:57 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach — Date of onset Dec 1932

Other contributory causes of importance:

Bronchial Asthma

Hypertension

Name of operation: Exploratory Laparotomy Date of July 20, 1933

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward H. Jordan M. D.

(Address) Church Home Inf.

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Bks.

✓ E 92433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92433

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1373 N Carey ST. ..WARD) 15-01

2 FULL NAME Thomas Henton

(a) RESIDENCE NO 1373 N Carey ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor GP

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anne Bell
(Address) 1373 N Carey St

15 Filed ..... 19 ..... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28/33

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1933, to July 28, 1933 that I last saw him alive on July 28, 1933 and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

7/31 1933 (Address) 1728 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Douglas Memorial Cemetery	7/31/33 1933

20 UNDERTAKER Archibald H. Gaddis ADDRESS 201 N. Eutaw St.

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92434 92434

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hos St., Ward) 27-01

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Ehrlich

(a) Residence: No. Sinai Hosp St., 3401 Rogers Av Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-28-33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Child~~ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Emanuel Ehrlich

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hedda Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Father - Emanuel Ehrlich

(Address) 3401 Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Medtology Date July 29 19 33

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28 19 33

22. I HEREBY CERTIFY, That I attended deceased from On 7-28 1933 to 19

I last saw h alive on same date 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Archie Robert Bloom M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1269-9

E 92435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-101 E 92435

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russel E Dinterman 9-01

(a) Residence: No. 723 E 23rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Mar 21, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest D Dinterman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jessie Perry

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ernest D Dinterman

(Address) 723 E 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date July 31, 1933

19. UNDERTAKER E. Lee Griffith & Son

(Address) 1211 Eutaw Place.

Registrar

JUL 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 to 19

I last saw him alive on May 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/28, 1933

Where did injury occur? Monroe & Lemmon St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Motorcycle he was driving

Nature of injury collided with an auto

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Perry Coroner M. D.

(Address) 225 E Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

92436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92436

CERTIFICATE OF DEATH

97 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 E Fairmount ave St., Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

26-01

2. FULL NAME Susan Lang

(a) Residence: No. 3500 E Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Lang

6. DATE OF BIRTH (month, day, year) March 7 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
89	89	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louis Lang
(Address) 2413 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Cem July 31 1933

19. UNDERTAKER John Uphoff
(Address) 2202 Aliceanna St

20. FILED JUL 31 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ___ 19___ to ___ 19___

I last saw h___ alive on ___ 19___ Death is said to have occurred on the date stated above, at 3:00 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Arterial Hypertension	

Name of operation ___ Date of ___

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ___ 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Patterson Park Ave

State CAUSE OF DEATH in plain terms. Do not use abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92437

CERTIFICATE OF DEATH

93-003

Registered No. 16-071

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Av St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Reed

1a) Residence: No. Aged, men + women's Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unkown

14. BIRTHPLACE (city or town) (State or country) unkown

MOTHER

15. MAIDEN NAME unkown

16. BIRTHPLACE (city or town) (State or country) unkown

17. INFORMANT Rev. Mayer
(Address) 822 Carrollton ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7/31 1933

19. UNDERTAKER Samuel T. Hemsley
(Address) 528 W. Biddle St. Baltimore, Md.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933 to July 28, 1933
I last saw him alive on July 28, 1933 Death is said to have occurred on the date stated above, at 7 a' m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
	?

Other contributory causes of importance: old age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edw. J. Whalley M. D.

(Address) 1230 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92438 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92438

Med

CERTIFICATE OF DEATH

120 Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lilly Thomas 5-01

(a) Residence: No. 416 N. Central Ave St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 8 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME May Ridout

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date aug 2 1933

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans st

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5 1933 to July 30 1933

I last saw her alive on July 30 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	
terminal Septicemia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. A. Clark M. D.

(Address) Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cas. 3

M. D. B. 1268-9

E 92439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92439

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 4-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Slecko

(a) Residence: No. 717 W. Lexington st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Joseph Slecko

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 31, 1933

19. UNDERTAKER Chas. B. Buchanan
(Address) 637 S. Paca st

20. FILED ..... 19 ..... Registrar.

L 311933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933 to July 28, 1933

I last saw him alive on July 28, 1933. Death is said to have occurred on the date stated above, at 10.18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1933
Pulmonary hemorrhage	July 28th.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. V. Jackson, M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-H 250B

E 92440 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92440

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4315 Garrison Boulevard St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 7 mos 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie A. McLean 15-01

(a) Residence: No. 4315 Garrison Boulevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 23 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME David McLean

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Agnes Gleghorn

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Susie A. McLean

(Address) 4315 Garrison Boulevard

18. BURIAL, CREMATION, OR REMOVAL

(Date) Woodlawn Cemetery Date Aug 1 1933

19. UNDERTAKER Chas. G. Black

(Address) 742 W. Fayette Ave

20. FILED ... 19... Registrar. Huntington Station, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to July 29th 1933

I last saw her alive on July 29th 1933 death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis-Obliterans — Date of onset

Other contributory causes of importance: Ulcer Edema

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? 4315 Garrison Boulevard (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Dr. William Messick, M. D.

(Address) 1700 Linden Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

JUL 31 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92441

CERTIFICATE OF DEATH

E 92441

1. PLACE OF DEATH Union Memorial Hospital 159 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Bertha Jackson 26-01

(a) Residence: No. 300 S. Eaton St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and S

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 12 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Earl Jackson
14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Anna Bauernfeind
16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Earl Jackson
(Address) 300 S Eaton

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn Date Aug 1 1933

19. UNDERTAKER Martin L. Conzett
(Address) 1102 Forrest St Huntington Williamsport, W. Va.

JUL 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 30

22. I HEREBY CERTIFY, That I attended deceased from 7-29-33, 19..., to 7-30-, 1933. Death occurred
I last saw him alive on 7-30-, 1933
to have occurred on the date stated above, at 2 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	7/29/33
Other contributory causes of importance:	
Prematurity	4 mos.

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Rawlings M. D.
(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92442 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92442

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Baltimore General Hospital 131 Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John S Waters (Waters) 15-01

(a) Residence: No. 3500 Dorchester Road St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara I Waters

6. DATE OF BIRTH (month, day, year) Jan 5 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Wm J K Waters

14. BIRTHPLACE (city or town) (State or country) Fred. Co Md.

MOTHER

15. MAIDEN NAME Anna Hill

16. BIRTHPLACE (city or town) (State or country) Fred. Co Md

17. INFORMANT Mrs Clara I Waters (Address) 3500 Dorchester Rd

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date July 31 1933

19. UNDERTAKER Wm J Pickerill Son (Address) 1 North - Pl

Filed AUG 1 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to July 29, 1933

I last saw h[illegible] alive on July 29, 1933 Death is said to have occurred on the date stated above, at 5-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Disease	
Chronic Nephritis	
Hypertensive Heart Disease	

Other contributory causes of importance:

Senility

Arteriosclerosis -

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John H Cowan M.D. M. D.

(Address) W. B. & A.

Information should be complete, legible, and accurate, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 92443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92443

CERTIFICATE OF DEATH

× 99

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 12-01

CITY OF BALTIMORE: (No. 33rd St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Einstein

(a) Residence: No. 10 Osborne Ave., St., Catonsville, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White HEBREW	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Cassandra B Einstein

6. DATE OF BIRTH (month, day, year) Sept. 19, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jacob Einstein

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Robert S. Einstein

(Address) Phone Uno. 3431 Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 2 19 33

19. UNDERTAKER The Edgemere Sons

(Address) North Avenue

JUL 31 1933 19 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30 1933, to July 31 1933.

I last saw him alive on July 31 1933. Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute cardiac dilitation	?
(2) Uremia	?
(3) Possible Coronary occlusion	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92444 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92444

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Wilmington Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Kottmeyer. 25-01

(a) Residence: No. 1710 Wilmington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 24 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	25	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warren Ehret Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Charles H. Kottmeyer.

14. BIRTHPLACE (city or town) (State or country) York, Pa.

MOTHER

15. MAIDEN NAME Anna W. Smithkott.

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT C. O. Stout.
(Address) 36 S. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Ynk Pa Date 7/30 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Baltimore (Telephone) Hilltop 1100

20. FILED JUL 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29- 1933

22. I HEREBY CERTIFY, That I attended deceased from ---------- 19 to ---------- 19

I last saw h alive on ---------- 19 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach.	
Other contributory causes of importance:	

Name of operation Yes. Date of Operation & inquiry

What test confirmed diagnosis? Was there an autopay?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ---------- 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Theodore Reinhardt Coroner, M. D.

7/31/33 (Address) 101 E. Chase St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92445

CERTIFICATE OF DEATH

191

E 92445

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Miller's Lot foot of Millington Lane.

Length of residence in city or town where death occurred 40 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Becker. 20-01

(a) Residence: No. 123 McPhail St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, HUSBAND of XXXXXXXXXXXX Clara A. Becker.

6. DATE OF BIRTH (month, day, year) January 21. 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer. 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Becker.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Sophia Stolz.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Clara A. Becker. (wife)
(Address) 123 McPhail St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 8/1 – , 193

19. UNDERTAKER Robert Brooks & Son
(Address) Colton – Robbins Co. Huntington, Williams, W. Va.

UL 31 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If accidentally

(Signed) Otto M. Reinhardt Coroner, M. D.

7/31/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92446

E 92446 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Ashton St., ...Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J. Price 20-01

(a) Residence: No. 2511 Ashton St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 3rd 1853.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 62

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas B Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Ann Goldsborough

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Joseph J Price

(Address) 412 S Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/1/ 1933

19. UNDERTAKER John J Howard & Son

(Address) 1911 Hollins St

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30/ 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20 1933 to July 27 1933

I last saw h— alive on July 24 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 1st

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Glassman M. D.

(Address) 1538 W Lexington St

Information asked for on this certificate is necessary for the registration of the cause of death. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 31 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92447

CERTIFICATE OF DEATH

34 E 92447

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Orchard St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

17-01

2. FULL NAME Edmund Poole

(a) Residence: No. 511 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1883

7. AGE: Years 49 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): N. W. Dont Know

17. INFORMANT (Address): Record

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date July 31, 193

19. UNDERTAKER (Address)

20. FILED JUL 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21, 33

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19

I last saw h alive on July 21 and death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency (Duration)

Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Clark Coroner M. D.

(Address)

MORGUE

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92448

CERTIFICATE OF DEATH

186-001 E 92448

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., Ward) 26-9

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME James McGrather McGraw

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Savannah N.Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred, Pt M. Date July 21, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 . to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Accidental

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Catherine Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on Concrete

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92449

CERTIFICATE OF DEATH 23

E 92449

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Pinder 17-01

(a) Residence: No. 1015 Myrtle ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 2, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Pinder

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date July 31 . 1933

19. UNDERTAKER Joseph A Sinclair

(Address) 1421 N Monroe St

Filed ..... Registrar.

L 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 . 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 . 1933 to July 27 . 1933

I last saw him alive on July 27 . 1933 Death is said to have occurred on the date stated above, at 11.30 m p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1933
Other contributory causes of importance:	
Tuberculous Peritonitis	July 1933
Tuberculous Pleurisis	Mar. 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 92450

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1558 Woodyear St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Brookes 15-01

(a) Residence: No. 1558 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1558 Woodyear

FATHER

13. NAME James Thomas Brookes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Agnes McGowan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Agnes Brookes
(Address) 1558 Woodyear

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 31 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED Aug 1 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to July 30, 1933.

I last saw him alive on July 30, 1933. Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 7/23/33

Other contributory causes of importance:

congenital syphilis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alexander Worley M. D.

(Address) 1516 Madison Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 31 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92451

CERTIFICATE OF DEATH

131

E 92451

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 E. Lexington St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Izabella Nauman Penn

5-01

(a) Residence: No. 1018 E. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Penn.

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME John Cromwell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Annals

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William H. Penn.
(Address) 1018 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Aug 1st 1933

19. UNDERTAKER Bryant Maggie & Wright
(Address) 128 McElderry St

Filed Jul 31 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27 1933 to July 29 1933

I last saw h alive on July 29 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	4 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Cullen M. D.

(Address) 507 Augusta St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92452

CERTIFICATE OF DEATH

93-003 E 92452

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l Hosp St., Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Mansbach 13-01

(a) Residence: No. 2219 Mondawmin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewerage Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Levi Mansbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Cohen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. S. Senker Menlo Drive

18. BURIAL, ~~CREMATION, OR REMOVAL~~ aug. 1.
Place Balto. Hebrew Cem. Date ~~July 1~~, 19 33

19. UNDERTAKER Third Southwestern
(Address) 1902 Eutaw Place

L 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 19 33 to Aug 19 33

I last saw h alive on July 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis 2 months — Date of onset

Other contributory causes of importance:

Name of operation Reynolds Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. C. Leuk M. D.
Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92453

CERTIFICATE OF DEATH

E 92153

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 E Lehase St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabel B. Gorsuch 8-01

(a) Residence: No. 2318 E Lehase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of James D.

6. DATE OF BIRTH (month, day, year) Dec 8, 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John A. Thompson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs W. S. Bice

(Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 1, 1933

19. UNDERTAKER F. Vernon Kelbaugh

(Address) 532 Baltimore St

20. FILED [illegible] 19[illegible] [illegible] Registrar.

L 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30 1933 to July 29 1933

I last saw h[illegible] alive on July 29 1933. Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 da
Other contributory causes of importance:	
Chronic Nephritis	5 Yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. [redacted]

[redacted] EALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92454

160-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Thompson 6-01

(a) Residence: No. 177 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	3 hrs. 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Lloyd Thompson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian M. Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Aug 31, 1933

19. UNDERTAKER [redacted] Dept of Health

(Address)

20. Aug 31 1933 Thos Evelyn Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/23/33, 19, to 7/24/33, 19

I last saw him alive on 7/24/33, 19 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

prematurity — Date of onset 7/23/33

Other contributory causes of importance:

cerebral hemorrhage — 7/24/33

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not If so, specify

(Signed) Wyatt A. Stout, M. D.

(Address) [redacted] Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

144

M. D.

...LTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 92455

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

C... (No. Franklin Square Hospital, Ward)

Length of residence in city or town where death occurred ... yrs. 5½ hrs. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Orban 20-01

(a) Residence: No. 2103 N. Boyd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31, 1933

7. AGE	Years	Months	Days	If LESS than 1 day 5½ hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Orban

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Eifert

16. BIRTHPLACE (city or town) (State or country) York Pennsylvania

17. INFORMANT Elizabeth Orban
(Address) 2103 N. Boyd St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date ... 19

19. UNDERTAKER [illegible]
(Address)

20. FILED ... Registrar. Hunter Williams M.D.

L 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to July 31, 33
I last saw h... alive on July 31, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary atelectasis	
Prematurity	
Other contributory causes of importance:	
~~Pulmonary~~ atelectasis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Dyer Moore M. D.
(Address) Franklin Square Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta... OCCUPATION is very important. See instructions on back of certificate.

B 126

DEPARTMENT—CITY OF BALTIMORE

E 23240 E 92456

CERTIFICATE OF DEATH

40

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 2508

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Sifter

(a) Residence: No. 1915 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos

6. DATE OF BIRTH (month, day, year) 4-22-79

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Jos. Mayer

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westen Date Aug 3 1933

19. UNDERTAKER Edw Towson
(Address) Wash Blvd

FILED Huntington Ave Registrar

L 3 L 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17 1933 to July 30 1933
That I saw her alive on July 30 1933 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal abscess R.S.A.	

Other contributory causes of importance:

Tabes Dorsalis	

Name of operation. Incision & Drainage Date of 7/12/33

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Raymond L. Schmidt, M. D.

(Address) J.H.H.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

E 92457

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Springdale Rd. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 81 yrs. 6 mos. 24 ds.

2. FULL NAME Benj. George Thomas 15-01

(a) Residence: No. 3625 Springdale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Esther M. Thomas

6. DATE OF BIRTH (month, day, year): Jany. 5 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Alexandria Virginia

FATHER

13. NAME: George Thomas

14. BIRTHPLACE (city or town) (State or country): Wales England

MOTHER

15. MAIDEN NAME: Jane George

16. BIRTHPLACE (city or town) (State or country): Alexandria Virginia

17. INFORMANT: C. T. Quarles

(Address) 3802 Fourth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Alexandria Va. Date Aug 1 1933

19. UNDERTAKER: Stewart & Co Inc.

(Address) Funeral Directors

20. FILED JUL 31 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29th 1933

22. I HEREBY CERTIFY, That I attended, deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Suicide Pistol wound of Brain

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

Coroner

(Address)

Information should be carefully supplied. Age should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92458 E 92458

CERTIFICATE OF DEATH 191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Edgewale Rd St., Ward)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. William Rollins Webb 27-01

(a) Residence: No. 106 Edgewale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelia A. Webb

6. DATE OF BIRTH (month, day, year): June 28 1855

7. AGE: Years 78 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Religious

10. Date deceased last worked at this occupation (month and year): about

11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: William Webb

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Anna E. Moore

16. BIRTHPLACE (city or town) (State or country): Newburn N. C.

17. INFORMANT: Mrs Cornelia A. Webb wife

(Address) 106 Edgewale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cy Date: Aug-1- 1933

19. UNDERTAKER: Stewart & Marburg

(Address) 1818 West Ave.

20. Filed: AUG 1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to July 30 1933

I last saw him alive on July 27 1933. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Uremia	1930
Chronic Nephritis	1922
Arteriosclerosis	1927
Coronary thrombosis	July 23

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury: 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 7 E. Lanvale

AUG 31 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92459 CERTIFICATE OF DEATH 131 E 92459

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 E. Monument St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Hennick 26-31

(a) Residence: No. 3319 E. MOnument St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Hennick

6. DATE OF BIRTH (month, day, year) Sept. 27, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	2	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Jacob Keebler

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. John Mehrtens
(Address) 3319 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 1, 33

19. UNDERTAKER Mrs. E. Keller & Son
(Address) 2334 Jefferson St.

20. FILED [illegible] Registrar

UL 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1933 to July 28, 1933

I last saw h. alive on July 28, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease.	
Other contributory causes of importance: Acute Apoplexy	July 28-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm D Mcnutt M. D.

(Address) 701 N. Eastwood Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92460

CERTIFICATE OF DEATH

E 92460

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Paul & 23d St (Dr Beck clinic) St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Amos Eldridge Smith

(a) Residence: No. Walkersville St., W Va Ward. 12-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie M. Smith

6. DATE OF BIRTH (month, day, year) Jan 23-1873

7. AGE,	60 Years	6 Months	8 Days	If LESS than 1 day, hrs. or min.
		Jan	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) (State or country) Walkersville W Va

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Hyland Co Va

MOTHER

15. MAIDEN NAME — Colaw

16. BIRTHPLACE (city or town) (State or country) Hyland Co Va

17. INFORMANT Son Edgar A Smith

(Address) Walkersville W Va

18. BURIAL, CREMATION, OR REMOVAL

Place Morgantown W. Va. Date July 31 1933

19. UNDERTAKER Wm Hackney & Sons

(Address) Balt & Pa Aves

31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933, to July 31, 1933

last saw h.m alive on July 31, 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 30 33
Myocarditis	" "
Other contributory causes of importance:	
Myocardial insufficiency	June 15 1933
Passive congestion of Lungs	"

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harvey S Beck M. D.

(Address) 1 St Paul St Baltimore Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

2105 Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92461

E 92461

CERTIFICATE OF DEATH

191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 W 27th St St., Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Ferguson

(a) Residence: No. 325 W 27th St St., Ward. 12-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single.

6. DATE OF BIRTH (month, day, year) Jan 17, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 6/

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME Robert C. Ferguson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME Catherine Ferguson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT John M. Ferguson

(Address) 4464 York Road.

18. BURIAL, CREMATION, OR REMOVAL Mulberry Grove, Charles Co. Md. Date Aug 2, 1933

19. UNDERTAKER Thos. W. Bon & Son

(Address) 3615-17 Eastern Ave

20. FILED JUL 31 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to July 31 1933

I last saw h[illegible] alive on July 1933. Death is said to have occurred on the date stated above, at 5:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinsons Disease	1927

Other contributory causes of importance:

Heart

Name of operation: None Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Pearce M. D.

(Address) 2105 Charles St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 92462

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernice Carberry

13-01

(a) Residence: No. 2526 Madison ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 16, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William C. Carberry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/2, 1933

19. UNDERTAKER Mrs. George E. Thorne

(Address) 1632 Division St.

....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1933

22. I HEREBY CERTIFY. That I attended deceased from July 18, 1933, to July 30, 1933

I last saw her alive on July 30, 1933. Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

JUL 31 1933

V. S. 3

DXE

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92463

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1614 Druid Hill Ave) Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Alice Summerville — 16-01

(a) Residence: No. 1047 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Edgar

6. DATE OF BIRTH (month, day, year) Aug 7 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Alice Young

(Address) 1047 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 8/2/33

19. UNDERTAKER Wm. George H. Pollard

(Address) 1631 Druid Hill Ave

20. Filed ....., 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-24 1933 to 7-30 1933

I last saw h[illegible] alive on 7-30 1933. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Hypertensive Cardio Vascular Renal Disease

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 650 N. Carlton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 31 1933

Spec.—1-12-23—M&T—500 Blks.

E 92464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 E 92464

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 David Hill ST., WARD)

2-FULL NAME Anna Hicks

(a) RESIDENCE NO. 1727 David Hill ST., 14-01 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm.

6 DATE OF BIRTH (month, day, and year) ? 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Nellie Chavis

(Address) 1727 David Hill

15 3 1933 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30 1933

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to July 30, 1933, that I last saw her alive on July 29, 1933, and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Rayner Thorne, M. D.

, 19 (Address) 1520 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL 8/2/1933

20 UNDERTAKER Mrs. Lee H. Holland ADDRESS 1631 David Hill

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

E 92465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92465

1. PLACE OF DEATH Provident Hospital 107-001 Registered No.

CITY OF BALTIMORE: (No. 1514 Druid Park Drive St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Etha Strong 11-01

(a) Residence: No. 281 W. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Earnest Strong

6. DATE OF BIRTH (month, day, year) 3 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Earnest Strong
(Address) 281 W. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Farmers S. C. Date 8/2/33

19. UNDERTAKER Mrs. George F. Holland
(Address) 1001 Druid Park Drive

20. FILED JUL 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-22 1933 to 7-29 1933

I last saw her alive on 7-29 1933. Death is said to have occurred on the date stated above, at 4 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	7-21-33
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. Harry M. D.

(Address) Provident Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92466 E 92466

CERTIFICATE OF DEATH

82-001

Registered No. 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie E Hynson

(a) Residence: No. 2111 Maryland Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo N. Hynson

6. DATE OF BIRTH (month, day, year) Feb 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) Dec

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Jas. Davis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jeannette Christopher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo. N. Hynson
(Address) 2111 Md Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 1 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 I last saw h alive on July 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address)

UL 31 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92467

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

Registered No. 108

CITY OF BALTIMORE: (No. Madison & Linden Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James L Townsend

11-01

(a) Residence: No. Franklinville Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lyn M Townsend

6. DATE OF BIRTH (month, day, year) Aug 31, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11/10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill 031

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark, Md.

FATHER

13. NAME Lyn M Townsend

14. BIRTHPLACE (city or town) (State or country) Newark Maryland

MOTHER

15. MAIDEN NAME Matilda Mitchell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 1 1933

19. UNDERTAKER J H Cook & Son

(Address) 1240 E Lanvale St

Filed ... 19 ... Registrar.

UL 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28 1933 to July 30 1933

I last saw him alive on July 30 1933 Death is said to have occurred on the date stated above, at 8 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Cirrhosis of Liver	6 mos
Other contributory causes of importance:	
Bronchopneumonia, at lower lobe	7

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J H Chard M. D.

(Address) Md.

V. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 92168

92168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 E. Balto. St St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Dora Rosendorn

(a) Residence: No. 2227 E Balto St St., Ward. 1-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rankus

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isac Gurik

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sliva

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Aug. 8/1/33

19. UNDERTAKER Jos. Sauer Son

(Address) 1432 E Balto St

20. FILED AUG 1 1933 Thos. H. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-31 — 1933

22. I HEREBY CERTIFY, That I attended deceased from May-14- 1933 to July-31 — 1933.

I last saw her alive on July-31 1933. Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma - Left hip. with general metastases	
Other contributory causes of importance: Heat Prostration	

Name of operation none Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92469 131 E 92469

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. 15-01

2. FULL NAME Janie Fassett

(a) Residence: No. 1508 2. Fremont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Fassett (Dec'd)

6. DATE OF BIRTH (month, day, year) March 15, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Wm Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Charlotte Thompson

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Fiedletown Md Date Aug 1 1933

19. UNDERTAKER Thomas E Kelson (Address) 1303 Pennsylvania Ave

FILED AUG 1 1933 Hattie Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933 to July 29, 1933

That saw her alive on July 29, 1933 Death is said to have occurred on the date stated above, at 4:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Congestive failure	?
Cerebral Hemorrhage & Hemiplegia	3 da
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Naguil M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY. WITH LEAD PENCIL. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92470

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2215 Ettings St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Father P. Canavan (Bernard) 14-01

(a) Residence: No. 2215 Ettings St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Bond.

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge

FATHER

13. NAME James Burns

14. BIRTHPLACE (city or town) (State or country) Cambridge

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs Nellie Bond
(Address) 2215 Ettings St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Aug 2 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Fressman St

20. FILED AUG 1933 Huntingtown Williams No. Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to July 30, 1933

I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Nephritis	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfonse J. Cervadas, M. D.

(Address) 1111 Druid Park Drive

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 92471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92471

92-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1369 N. Stricker ST., WARD) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James E. Parker

(a) RESIDENCE NO. 1369 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	33		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Elias Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Octavia Downey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) NC

14 Informant Octavia Parker

(Address) 1369 N. Stricker

15 Filed , 19 Filing Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30/33

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to July 30, 1933, that I last saw h[im] alive on July 29, 1933, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard, M. D.

7/31, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Aug 2 1933
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	303 Pennsylvania Ave

Health Officer to carefully supply. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

C 1 - 1933

M. D. B. 1268-9

Dr Campbell Hahnemann ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92472 E 92472

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 N Fayette St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rina S Miller 4-01

(a) Residence: No. 665 N Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of James E Miller

6. DATE OF BIRTH (month, day, year) Mar 6 1864

7. AGE: Years 69 | Months 4 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Richard N Miller

(Address) 665 N Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8/1/33

19. UNDERTAKER Wm Cook & Son

(Address) 1217 W Baltimore St

20. FILED AUG 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 30, 1933

I last saw HER alive on July 30, 1933 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Mdefinite	
Other contributory causes of importance:	
Acute dilatation of heart	7/29/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Campbell, M. D.

7/31/33 (Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92473

HEALTH DEPARTMENT—CITY OF BALTIMORE

92473

CERTIFICATE OF DEATH

82-001

Registered No. 11-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Sarah Conlon

(a) Residence: No. 106 E. Madison St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Martin Conlon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mercy Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 8/1, 1933

19. UNDERTAKER Joseph E. Fogler

(Address) Frederick & Washington Sts. Huntington Telephone

20. FILED Aug 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/5, 1933, to 7/30, 1933

I last saw her alive on 7/30, 1933. Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/15/33
Bronchopneumonia	7/23/33
Pulmonary edema	7/28/33

Other contributory causes of importance:

Acute Nephritis
Hypertension CV disease

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Gardner, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 2 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92474

CERTIFICATE OF DEATH

121 E 92474

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Quinn 10-01

(a) Residence: No. 1225 E. Biddle St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Quinn

6. DATE OF BIRTH (month, day, year): Sept 6, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: John Quinn

14. BIRTHPLACE (city or town) (State or country): Balto, Md

MOTHER

15. MAIDEN NAME: Mary Mc Closkey

16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT (Address): Hospital records

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Date 8/4 '33

19. UNDERTAKER (Address): J. H. Fox 1219 E. Fort St

20. FILED 19 AUG 1 1933 Huntington Hoffman, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/22, 1933, to 7/31, 1933

I last saw him alive on 7/31, 1933 Death is said to have occurred on the date stated above, at 11 35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute appendicitis	2
Lobar pneumonia	3 days
Acute dilatation stomach	"
Paralytic ileus	4

Other contributory causes of importance:

Obesity	2

Name of operation: Appendectomy Date of: 7/25/33

What test confirmed diagnosis? clinical + op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Gordon M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92475

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 92475

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1126 N. Stricker St. (Ward) .....

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard H. Bowlee 16-01

(a) Residence: No. 1126 N. Stricker St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie E. Bowlee

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years 58 37 | Months | Days | If LESS than 1 day, ... hrs. or ... m.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Baltimore Md

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Baltimore Md

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lillian E. Bowlee

(Address) 1126 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL Date Aug 4 1933

Place Loudon Park

19. UNDERTAKER Archibald C. Gadolia

(Address) 2101 Pennsylvania Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebral Hemorrhage	
Sudden	
Other contributory causes of importance: Paralysis	2 years

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leek M. D.

Coroner

(Address) Coroner

AUG 1

K

V

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

92476

E 92476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Mary Traylam 11-01

(a) Residence: No. 1035 Park Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Armstead Traylam

6. DATE OF BIRTH (month, day, year) Aug 15 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halifax Co Va

FATHER

13. NAME Louis Drumgoole

14. BIRTHPLACE (city or town) (State or country) Halifax Co Va

MOTHER

15. MAIDEN NAME Carrie Harris

16. BIRTHPLACE (city or town) (State or country) Halifax Co Va

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Altbrook Cem Date Aug 2 1933

19. UNDERTAKER Charles H. Burkett

(Address) 321 N. Carey St

20. FILED Aug 1 1933 Hattie Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933 to July 31, 1933

I last saw her alive on July 31, 1933 Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pulmonic Heart Dis	?
Chronic Nephritis	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Mazell M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A 1-1933

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92477

CERTIFICATE OF DEATH

93-003

E 92477

1. PLACE OF DEATH 2030 Moyer st

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....St., ...Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Keys 6-01

(a) Residence: No. 2030 Moyer st St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colord	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mergers. Co. M. D

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Grant Johnson
(Address) 2030 Moyer st

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemtz Date aug 3 1933

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans st

20. FILED ..... 19 ..... Registrar

AUG 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933, to July 30 1933
I last saw h[illegible] alive on July 29 1933 death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Dont Know

Other contributory causes of importance:

General decomposition

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan J. Saunders, M. D.

(Address) 322 E Eastern ave

INSTRUCTIONS.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

B. 92478

HEALTH DEPARTMENT—CITY OF BALTIMORE

92478

CERTIFICATE OF DEATH

94-001

Registered No. B. 92478

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4015 Northern Parkway St., Ward)

Length of residence in city or town where death occurred 17 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph A. Gleason 27-01

(a) Residence: No. 4015 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace G. Gleason

6. DATE OF BIRTH (month, day, year) April 9 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Designer

10. Date deceased last worked at this occupation (month and year) June 1931

11. Total time (years) spent in this occupation 0 30

12. BIRTHPLACE (city or town) (State or country) Springfield Missouri

FATHER

13. NAME Francis Clark

14. BIRTHPLACE (city or town) (State or country) Unknown Ohio

MOTHER

15. MAIDEN NAME Sara Eckelberry

16. BIRTHPLACE (city or town) (State or country) Unknown Ohio

17. INFORMANT Mrs. Grace G. Gleason
(Address) 4015 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park, Date Aug 2 1933

19. UNDERTAKER Frederick Lassahn & Sons
(Address) 7401 Belair Road

AUG 1 - 1933

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Friday Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris 3 days
Sudden

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Whether an autopsy was held?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. C. Link M. D.
Coroner

(Address) Leonard

INSTRUCTIONS: PLEASE WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92479

CERTIFICATE OF DEATH

E 92479

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 112

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 3-011

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mason C. Burroughs

(a) Residence: No. 3311 Johnson St. St., ... Ward. Wilmington Del

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/27/22

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10 11	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Alvin Burroughs

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Lillian Mason

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington Wel 8/1/33

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED ..... 19 ..... Registrar.

AUG 1 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933 to July 31, 1933

I last saw him alive on July 31, 1933 Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anaphylactic Shock (Procaine Shock)	
Other contributory causes of importance: Bronchial asthma	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A. Warfield M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

William Thomas Adams ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92480 E 92480

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Pierce St., Ward) Sinkum about 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Thomas Adams 17-01

(a) Residence: No. 824 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Adams

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor 9 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Catherine Adams
(Address) 824 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 1, 1933

19. UNDERTAKER Mrs Kate R Williams
(Address) 322 N Schroeder St

20. [illegible] Registrar.

AUG 1 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to July 27, 1933

I last saw h[illegible] alive on July 27, 1933. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Colitis	?
	?

Other contributory causes of importance: ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edw. J. Kelly C. M. D.

(Address) 1230 Linden Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92481

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l. Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da. 11-01

2. FULL NAME William THOMAS Stallings

(a) Residence: No. Pasadena, Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Stallings

6. DATE OF BIRTH (month, day, year) August 8th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Alberton, Maryland

FATHER

13. NAME James Stallings

14. BIRTHPLACE (city or town) (State or country) Alberton, Maryland

MOTHER

15. MAIDEN NAME Sarah Ellison

16. BIRTHPLACE (city or town) (State or country) Gibson Island

17. INFORMANT Olen Stallings

(Address) Gibson Island

18. BURIAL, CREMATION, OR REMOVAL

Place Mizpah Church Cem. Date May 2, 1933

19. UNDERTAKER Berry, John F. & Sons

(Address) Montgomery & Fayette Streets, Huntingdon Williams, N.Y.

20. FILED AUG 1 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1933, to 7-31, 1933

I last saw him alive on 7-31, 1933. Death is said to have occurred on the date stated above, at 5.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia Lobar	
b	
c	
d	

Other contributory causes of importance:

Influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also tha following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) D. F. Laupus, M. D.

(Address) Md. Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S.

Spec.—9 30—A. & Co.—250 Bks

E 92482

E 92482 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1037 N Mount St WARD)

2 FULL NAME John Clayton Waters 16-01

(a) RESIDENCE NO. 1037 N Mount ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11 1932

7 AGE Years | Months 8 | Days 20 29 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles C. Waters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Martha E. Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Martha E Waters

(Address) 1037 N Mount street

15 Filed ..., 19... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31st 1933

17

I HEREBY CERTIFY, That I attended deceased from July 24 1933 to July 31 1933

that I last saw h alive on July 31 1933

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles J. Waddell M. D.

, 19 (Address) 811 Harlem Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dayton Md	Aug 1st 1933
20 UNDERTAKER	ADDRESS
Joseph A Lively	409 N Mount st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 1 - 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92483

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5300 Belleville Ave St.; Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia L. Minor 28-01

(a) Residence: No. 5300 Belleville Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward L. Minor Jr

6. DATE OF BIRTH (month, day, year): Dec. 23 - 1883

7. AGE: Years 49 | Months 7 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: De Witt Turck
14. BIRTHPLACE (city or town) (State or country): N. Y. State

MOTHER

15. MAIDEN NAME: Annie Carroll
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Edward L. Minor Jr
(Address): 5300 Belleville Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: Aug 2 - 33

19. UNDERTAKER: Wm. J. Dickenson Sons
(Address): North & Pa.

20. FILED: AUG 1 - 1933 [illegible] Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 33 to July 31 33.
I last saw h. alive on July 30 33. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Arteriosclerosis	
Chronic nephritis	

Other contributory causes of importance:

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Lee Davis M. D.

(Address) 5300 Belleville Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92484

HEALTH DEPARTMENT—CITY OF BALTIMORE

92484

CERTIFICATE OF DEATH

46

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Emory 21-01

(a) Residence: No. 1321 Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

1321 Cumberland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Friends (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Date 8-2, 1933

19. UNDERTAKER Dennis Eagan (Address) 96 Ba

20. FILED AUG 1 1933 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to July 30, 1933

last saw h[illegible] alive on July 30, 1933 Death is said to have occurred on the date stated above, at 7:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Carcinoma of Stomach	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. F. Hagen M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 92485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92485

CERTIFICATE OF DEATH

157-003

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Francis Xavier St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Anna Hasloff 18-01

(a) Residence: No. 36 Parkin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) 7-30-33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	23 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Louis Hasloff
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Emma Gray
16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Mr John L. Hasloff
(Address) 36 Parkin St

18. BURIAL, CREMATION, OR REMOVAL
Place Westgate Date 8/1, 1933

19. UNDERTAKER John J. Cooke & Son
(Address) 201 Hollins St

FILED AUG 1 1933 Hilton Williams Nye Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7 30, 1933 to 7-31, 1933
I last saw her alive on 7-30, 1933 death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	

Other contributory causes of importance:
None.

Name of operation None Date of
What test confirmed diagnosis? Clinical an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) Frank K. Morris M. D.
(Address) 112 E Calvert St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 E 92486

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Jefferson 19-01

(a) Residence: No. 802 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Jesse Jefferson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Reba mace

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 2nd 1933

19. UNDERTAKER Bryant Francis W. Wright

(Address) 1218 Mc Elderry St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933 to July 30, 1933

last saw him alive on July 30, 1933 Death is said to have occurred on the date stated above, at p m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis — Date of onset .....

Other contributory causes of importance:

Generalized TBC

Name of operation [illegible] Date of 1/26/33

What test confirmed diagnosis? Path Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold I Schwab M. D.

(Address) J H H

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 1 - 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92487

CERTIFICATE OF DEATH

159

E 92487

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 Sterling St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

10-01

2. FULL NAME Baby Smith

(a) Residence: No. 900 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME ~~Th~~ John Cagle

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Helen Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Helen Smith
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Ind. Date Aug. 19[illegible]

19. UNDERTAKER
(Address)

20. FILED 0608 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31/33

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 , to 19 . I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity- 7 mons Gestation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Cain M. D.
Coroner

(Address) 508 E. Fayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92488 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92488

CERTIFICATE OF DEATH 93-004

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Jail. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Maxwell. 4-01

(a) Residence: No. 115 N. Green St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Do not know.

6. DATE OF BIRTH (month, day, year): Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	----------	----------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio.

FATHER

13. NAME: Do not know.

14. BIRTHPLACE (city or town) (State or country): Do not know.

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT: Baltimore City Jail record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 1st 19 33

19. UNDERTAKER [illegible] Rear Health.
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 12.30 m a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiol Insufficiency	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert Heinrand Coroner . M. D.

7/26/33 Address 1017 E. Charles St.

INSTRUCTIONS: Write plainly, with pen and ink. All items must be answered. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 92489

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Broadway St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Toner 2-01

(a) Residence: No. 1628 Thames St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18b

12. BIRTHPLACE (city or town) (State or country) Co Donegal Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md. Date August 1933

19. UNDERTAKER Commissioner of Health.
(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Accidental Burning	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..., 19...

Where did injury occur? Foot of Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Drowned

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. ...

(Signed) ... M. D.
Coroner
(Address) ...

N. B.—WRITE PLAINLY, with unfading ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 1-1933

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92490 E 92490

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean L. Pete 1-01

(a) Residence: No. 115 S. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2, 1925

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
8	6	3029	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter De Pete

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna De Rosa

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Father
(Address) 115 S Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 2 1933

19. UNDERTAKER Frank V. Lipstone
(Address) 2211 E Baltimore St

20. FILED Aug 1 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30 1933 to Aug 1 1933

I last saw h[illegible] alive on Aug 1 1933 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	July 26
Otitis (Media, Mastoids	June 4
Meningeal Syph.	July 28

Other contributory causes of importance:

Name of operation Left Mastoidectomy Date of July 30

What test confirmed diagnosis Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

E 92491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92491

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyttleham Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Fred Hardy 9-01

(a) Residence: No. Bay Harbor, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Clarence Elmer Hardy

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Violet Mae Humphrey

16. BIRTHPLACE (city or town) Annapolis (State or country) Md.

17. INFORMANT Father

(Address) Bay Harbor, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery Date 8/2/ 1933

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette ave.

20. Filed AUG 1 - 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933, to Aug 1, 1933

I last saw him alive on Aug 1, 1933. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	7/18
Cellulitis of neck	7/21
Toxic Myocarditis	7/30

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lachman M. D.

(Address) Lyttleham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92492

CERTIFICATE OF DEATH

93-003

E 92492

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hosp St., ... Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Kennard 7-01

(a) Residence: No. 1631 E. Hammond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Emma Kennard

6. DATE OF BIRTH (month, day, year) ? 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Perry Kennard

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Liza Dead

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Ft Mt Date Aug 1 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

20. Filed AUG 1 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933 to July 28, 1933

Last saw him alive on July 28, 1933 Death is said to have occurred on the date stated above, at 12 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease ?	
Coronary Thrombosis ?	Terminal

Other contributory causes of importance:

Senility

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) T. Pheasant M. D.

(Address) Balt City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 1 1933

M. D. B. 1268-9

92493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92493

CERTIFICATE OF DEATH

93.003

1. PLACE OF DEATH Kirkleigh. Villa

CITY OF BALTIMORE: (No. 4301 Roland Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Regina Bean 27-01

(a) Residence: No. 4301 Roland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25th. 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matyland

FATHER

13. NAME Bennett Bean

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Hubbard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sisters

(Address) Kirkleigh Villa

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date August 2, 1933

19. UNDERTAKER Chas. F. Grauel Son

(Address) 118 W. Mt. Royal Ave.

20. FILED AUG 1 1933 19 in [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st., 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1917 to July 31, 1933

I last saw h alive on July 15, 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Pulmonary Oedema	7/14/33
Arteriosclerosis	P20
Other contributory causes of importance: (Old age Senility) Bronchitis,	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore H. Noonan M. D.

(Address) 1013 N. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92491

93-084

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Belair Road St., 26th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Rast Wilkinson

26-01

(a) Residence: No. 5713 Belair Road St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. G. D. Wilkinson

6. DATE OF BIRTH (month, day, year) Dec. 10, 1838

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nottingham, Md., Prince George's Co.

FATHER

13. NAME James E. C. Hollyday

14. BIRTHPLACE (city or town) (State or country) Nottingham, Md. Prince George's Co.

MOTHER

15. MAIDEN NAME Amelia Beall Young

16. BIRTHPLACE (city or town) (State or country) Bowling, D. C.

17. INFORMANT Dr. A. L. Wilkinson

(Address) 5713 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Brandywine Md. Date 8/1, 1933

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

Signature of Williams Cook

Registrar.

AUG 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to July 30, 1933.

I last saw h er alive on July 30, 1933. Death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency-	July 26, 1933
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas B. Brew M. D.

(Address) 5713 Belair Rd., City

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92495

CERTIFICATE OF DEATH

E 92495

1. PLACE OF DEATH The Church Home and Infirmary, Baltimore, Maryland — 46 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs William J. Melbourne — 6-01

(a) Residence: No. Crofield, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Willie Melbourne

6. DATE OF BIRTH (month, day, year) Aug 29, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter — 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

FATHER

13. NAME Nathan Milbourne

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Mills

16. BIRTHPLACE (city or town) (State or country) Som Co. Md.

17. INFORMANT (Address) Church Home & Infirmary Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL. Place Crofield Cem. Crofield Md Date Aug 1, 1933

19. UNDERTAKER (Address) J. Solomon Crisfield Md

20. FILED AUG 1 - 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1933 to 7-31, 1933

I last saw h[illegible] alive on 7-31, 1933 Death is said to have occurred on the date stated above, at 10 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the head of the pancreas	Feb 1, 1933
Arterio-Sclerosis	
Myocardial failure	

Other contributory causes of importance:

Name of operation Ligating bile duct of pancreas Date of 7-25-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard H. Hanner M. D.

(Address) Church Home & Infirmary

H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92496 E 92496

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 149

CITY OF BALTIMORE: (No. Church Home & Infirmary ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Florence Schurtle 6-01

(a) Residence: No. Nicholson St., Ward. Essex, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Schurtle

6. DATE OF BIRTH (month, day, year) Sept 13 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Howard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Earley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo Schurtle

(Address) Essex Md

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 8/1 1933

19. UNDERTAKER Lehman Co Inc

(Address) 2121 E. Baltimore St

AUG 1 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28 1933 to July 30 1933

that I saw her alive on July 30 1933 Death is said to have occurred on the date stated above, at 10:11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal infection with pelvic cellulitis	July 24, '33
	over

Other contributory causes of importance:

General peritonitis

Drainage at abdomen

Name of operation Appendectomy. Date of 7/28/33.

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Gerald H. Jordan M. D.

(Address) Church Home and Inf

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

E 92497 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92497

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 139-01

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves St., Ward) 25-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie J. Brien — (Alyce Agnes O'Brien)

(a) Residence: No. Rolling Rd & Forest Pine St., Catonsville Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William O'Brien

6. DATE OF BIRTH (month, day, and year): Dec. 12, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
(43)	42	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 7/33

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Charles A. Pfeiffer

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Margaret Howard Brooks

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: William A. Brien
(Address) Rolling Rd & Forest Pine

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 3, 1933

19. UNDERTAKER: Easton Sons
(Address) Second & Pratt

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to August 1, 1933.

I last saw her alive on August 1, 1933. Death is said to have occurred on the date stated above, at 11:52 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Ovarian Cyst.	?
	over
Other contributory causes of importance:	
Eczema & Bad Bladder.	?
Shock.	8/1/33
acute Hyperemia.	?

Name of operation: Laparotomy — Date of: 8/1/33

What test confirmed diagnosis: Autopsy — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Catonsville

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) John C. Dunbar, M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92498

CERTIFICATE OF DEATH

E 92498

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. Ward) Registered No. 13-082
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mable Boyd 7-01
(a) Residence: No. Turner Station 22nd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Mulatto
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Oct 29-1932
7. AGE: Years | Months: 9 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Jas. Boyd
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Alice Slager
16. BIRTHPLACE (city or town) (State or country): W. Va

17. INFORMANT: Jas Boyd.
(Address): Turner Station Md

18. BURIAL, CREMATION, OR REMOVAL
Place Reported to Coroner Aug 2 1933

19. UNDERTAKER: C. O. Fenby & Son
(Address): Sparrows Point Md

20. FILED ... 19... Registrar.

AUG 1 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 31 C. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... Prior ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery.	3 Days
	over

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) ...

X 4.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

E 92499 — 131 — E 92499

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C

City of Baltimore (No.) 1204 West Fayette St.: 18th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lewis Hetz

(Residence in Baltimore: No. 1204 West Fayette Street St.: 74 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: November 9th (Month), (Day), 1858 (Year)

7 AGE: 74 yrs. 8 mos. 23 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Andrew Hetz

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amadora Hlehm

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): F. W. Hartley-Hellyer
(Address): 1204 W. Fayette Street.

15 [illegible] Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 1st (Month), (Day), 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 16th, 1931, to August 1, 1933 that I saw h[illegible] alive on August 1st, 1933 and that death occurred, on the date stated above, at 2.55 AM

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Francis Wm. Hartley-Hellyer M. D.
August 1st 1933 (Address) 1204 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug. 3 1933

20 UNDERTAKER: John A. Medairy Sons — ADDRESS: 1906 Eutaw Pl

AUG 1 - 1933

A. WHITE PEARLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.
B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 92500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 92500

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Simmont 15-01

(a) Residence: No. Hilton Court Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md USA

FATHER

13. NAME Frederick Simmont

14. BIRTHPLACE (city or town) (State or country) Balto Md USA

MOTHER

15. MAIDEN NAME Julia A. Chipman

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Paul M. Burnett

(Address) Charles & Chase Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8/2 1933

19. UNDERTAKER John C. Mitchell Reg

(Address) 1918 Eutaw Place

20. FILED 8-1-1933 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/20, 1933 to 7/31, 1933

I last saw her alive on 7/31, 1933 Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	7/10/33
Other contributory causes of importance:	
Peritonitis (generalized)	7/20/33
Diabetes	7/20/33

Name of operation Appendectomy Date of 7/20/33

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Harry D. Bowman M. D.

(Address) University Hospital

information should be carefully supplied. Age, should be stated as state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 1 1933

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92501 — E 92501

CERTIFICATE OF DEATH

47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 Springdale Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry A. Holscher 28-01

(a) Residence: No. 4402 Springdale Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E. Causey

6. DATE OF BIRTH (month, day, year) Dec 2 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Otto B Holscher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cecilia Beckhart

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Esther A. Stouffer

(Address) 4402 Springdale

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 7 1933

19. UNDERTAKER Chas O. Mitchell Son

(Address) 1210 Eutaw Place

20. FILED AUG 1 1933 Hamilton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16 1933 to July 31 1933

Last saw h... alive on July 31 1933 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 yr.
	over

Other contributory causes of importance:

Cystitis & Pyelitis	3

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Cain, M. D.

(Address) 612 N 40

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RESERVED FOR BIRTH

M. D. B. 1268-9

92502

HEALTH DEPARTMENT—CITY OF BALTIMORE

92502

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Huntingdon Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie D. Mattax

12-01

(a) Residence: No. 2814 Huntingdon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alonzo D. Mattax

6. DATE OF BIRTH (month, day, year): Nov. 5-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Charles H. L. Brannan

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Margaret M. Dixon

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Edith Lipscomb

(Address): 309 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: Aug. 2, 1933

19. UNDERTAKER: Horace F. Burgee

(Address): 3631 Falls Road

20. FILED: AUG 1 1933 Clayton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933 to July 31, 1933

I last saw her alive on July 31, 1933. Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	July
Other contributory causes of importance:	
Chronic Nephritis	July

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. Cathell Jr. M. D.

(Address) 1121 N. Eutaw St

MAJOR RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92503 ✓ E 92503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184

1. PLACE OF DEATH — Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Joseph Hosp St. ... Ward) 27-C

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent D'Amario

(a) Residence: No. 5006 Harford Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or Race White — 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 12 1920

7. AGE — Years 13 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School B

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Gaetaldia D'Amario

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Laura Buttaccio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) 5006 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug 2 1933

19. UNDERTAKER Wendell & Hoppel

(Address) 300 N. Eden St.

FILED AUG 2 1933 Huntingtown Calvert Co. Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on July 30 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Accident Pistol wound of Chest.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? 5006 Harford Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuck M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92504

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4606 Asbury Av (St.) (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Lieber. 26-01

(a) Residence: No. 4606 Asbury Av (St.), Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elsie Lieber

6. DATE OF BIRTH (month, day, year): Nov 30-1866

7. AGE: Years 68 Months 7 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Emily Bennett

(Address): 523 W. Read

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: 8/3, 1933

19. UNDERTAKER: Wm Cook

(Address): 1214 E Fayette St

FILED AUG 2 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31st, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

Last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide

Pistol wound of Brain

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. B. Zuck M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10

M. D. B. 1268-9

Dr Forsythe 424 E. North ave

92505 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 92505

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1910 Homewood Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Maria Melville 9-01

(a) Residence: No. 1910 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of Samuel J Melville

6. DATE OF BIRTH (month, day, year) May 9 1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Wm Crooke

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Catherine Tilman

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Miss Edna Mann

(Address) 733 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 8/2 1933

19. UNDERTAKER Wm Cooke

(Address) 1217 St Paul St

20. FILED AUG 2 1933 Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933 to July 31 1933

I last saw her alive on July 30 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Keigh Forsythe M. D.

(Address) 424 E North ave.

10 M

M. D. B. 1268-4

92506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92506

CERTIFICATE OF DEATH

82-004 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 E. Hamburg St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James W. Greenwood 23-01

(a) Residence: No. 40 E. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Greenwood

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah E. Snyder

(Address) 40 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug. 3, 33

19. UNDERTAKER Margaret V. Flynn

(Address) 710 N. Pulaski St.

20. FILED AUG 2 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933 to ... 19...

I last saw him alive on Aug 1, 1933 Death is said to have occurred on the date stated above, at 4:3 p.m.

The principal cause of death and related causes of importance were as follows:

Right side Paralysis

Date of onset

Other contributory causes of importance:

Terminal Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Wallace Upshur M. D.

(Address) 827 Eutaw St.

M. D. B. 1268-9 2739 Eastern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92507 92507

CERTIFICATE OF DEATH

107-001 Registered No.

1. PLACE OF DEATH UNIVERSITY HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE MD St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ROBERT SHINABERRY 24-01

(a) Residence: No. 1607 CLAYTON COURT Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 18. 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Vaughn Shinaberry

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Helen Ryder

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Vaughn Shinaberry

(Address) 1607 Clayton Court

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross 9.9.C. Date Aug. 2 - 33 19

19. UNDERTAKER Margaret E. Fluegge

(Address) 1617 W. Fairmount St.

20. FILED AUG 2 19 33 Registrar.

AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from JULY 31, 1933 to JULY 31, 1933

I last saw him alive on JULY 31, 1933 Death is said to have occurred on the date stated above, at 8 29 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchial Pneumonia	7-30-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? EXAMINATION Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J. C. Hildebrand M. D.

(Address) University Hospital

M. D. R. 1268-9

92508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-005 E 92508

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Je nny Deiches 13-01

(a) Residence: No. Esplanade Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Deiches

6. DATE OF BIRTH (month, day, year) Oct. 6, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Moses Hecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Neuberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Deiches

(Address) Esplanade Apts.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Balto.Heb.Cem. Date Aug.3 1933

19. UNDERTAKER Sard Smithers & Son

(Address) 1902 Eutaw Place

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to Aug 1st 1933

I last saw h[illegible] alive on July 31 1933 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocarditis	

Other contributory causes of importance:

Cerebral Apoplexy	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedenwald M. D.

(Address) 1009 N. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 2 - 1933

M. D. B. 1268-9

16

$2509

HEALTH DEPARTMENT—CITY OF BALTIMORE

$2509

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6406 Eastern Ave St., Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Mabery 26-01

(a) Residence: No. 6406 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Mabery

6. DATE OF BIRTH (month, day, year): Dec 4 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Probst

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Madalena Bittner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Carrie Winkler

(Address): 6406 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Aug 4/33 19

19. UNDERTAKER: Philip Herwig & Sons

(Address): 2016 Orleans St

FILED AUG 2 - 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21st 1933 to Aug 1st 1933.

I last saw her alive on July 31st 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	4 months
Senility	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Tod M. D.

(Address) 4616 Eastern ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92510

CERTIFICATE OF DEATH

131

E 92510

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emersonian Apts. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Etta M. Foss 13-01

(a) Residence: No. Emersonian Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Foss

6. DATE OF BIRTH (month, day, year) Oct. 11, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Porte, Ind.

FATHER

13. NAME James Morris

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. M. Hankins

(Address) Emersonian Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Olom Cem. Brooklyn, N.Y. Date Aug. 4, 1933

19. UNDERTAKER David Sondheimer Son

(Address) 902 Eutaw Place

AUG 2 1933 Huntington Williams, Inc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to Aug 1, 1933

I last saw her alive on Aug 1, 1933 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chronic nephritis	"
Other contributory causes of importance:	
Cerebral hemorrhage	May 23 1933

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Leitz, M. D.

8/1-33 (Address) Temple Gardens apts

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 On Gard monroe + Gwyn Falls PKY—

HEALTH DEPARTMENT—CITY OF BALTIMORE

92511 E 92511

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Baker St St., Ward)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F Rader Sr 15-01

(a) Residence: No. 615 Baker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Rosa Anna Rader

6. DATE OF BIRTH (month, day, year) June 26 1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
50	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter Egg 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Rader

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lena Eisman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Rosa F Rader

(Address) 615 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 2 19 33

19. UNDERTAKER Chas J Wickert

(Address) 1300 Eutaw Place

20. FILED AUG 3 1933 19 Huntington Wm [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to July 31 1933

Last saw him alive on July 31 1933 Death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastralgia	7/24/33

Other contributory causes of importance:

Hypercholesterolemia	June 1925
Fatty Liver	
Hypertension	Estimated 4 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward Gardner M. D.

(Address) 609 Gwynns Falls Pkwy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 92512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 404.N.Brice St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Petrulonis 20-01

(a) Residence: No. 404.N.Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martin Petrulonis

6. DATE OF BIRTH (month, day, year) Unknown 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	*	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country) Lithunia

FATHER

13. NAME Selystras Wisinskas

14. BIRTHPLACE (city or town) (State or country) Lithunia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT Martin Petrulonis

(Address) 404.N.Brice.Street,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date August 3, 1933

19. UNDERTAKER John Grebliauckas, Q.G.

(Address) 423.S.Paca.Street, Q.G.

20. FILED AUG 2 - 1933 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1932 to July 29, 1933

I last saw her alive on July 29, 1933. Death is said to have occurred on the date stated above, at 10. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Chronic Nephritis	

Other contributory causes of importance:

Auricular Fibrillation
P.C. Fever, Lung
Generalized Edema

Name of operation — Date of —

What test confirmed diagnosis? Phys. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Joseph E. Brennan M. D.

(Address) 37 E. Fredrick St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92513

CERTIFICATE OF DEATH

107-001

Registered No. E 92513

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Wright 26-01

(a) Residence: No. 809 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John G. Wright

6. DATE OF BIRTH (month, day, year): June 26th 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Webster

14. BIRTHPLACE (city or town) (State or country): Cleveland Ohio

MOTHER

15. MAIDEN NAME: Mary Leary

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr John G Wright

(Address): 809 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 8/3 1933

19. UNDERTAKER: John J Cowan & Son

(Address): 1901 Gallows St.

20. FILED AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9 1933 to July 31 1933.

I last saw h.e alive on July 31 1933. Death is said to have occurred on the date stated above, at 4 45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Psoriasis	
Secondary infection Dermatitis	
Acute Nephritis	
Bronch-pneumonia	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Wolfander M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 92514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92514

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Chesterfield ave St., ... Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Hugh Craven 26-01

(a) Residence: No. 3000 Chesterfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Craven

6. DATE OF BIRTH (month, day, year) Nov 1 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78 79	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retained

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer 30

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Hugh Craven

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Hooper

(Address) 3000 Chesterfield

18. BURIAL, CREMATION, OR REMOVAL

Place Loath Date Aug 2 1933

19. UNDERTAKER Jas J Stevenson

(Address) 3001 Huntingdon ave

Huntington Williams, Md

20. FILED AUG 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1933 to July 31, 1933

I last saw him alive on July 31, 1933 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	7
Cardiac Insufficiency	1

Other contributory causes of importance:

Oedema of Lungs	July 24, 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Thomas, M. D.

(Address) 3136 Maryland ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 92515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92515

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH 124 Hunter St. REGISTERED NO.

CITY OF BALTIMORE: (No. 124 Hunter ST., WARD) 23-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza Seubner

(a) RESIDENCE NO. 124 Hunter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Seubner

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 66 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Margaret Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs Seubner.

(Address) Edward Seubner

15 Filed ... 19 ... Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30/1933

17 I HEREBY CERTIFY, That I attended deceased from July 25. 1933. to July 30. 1933

that I last saw h alive on July 30. 1933

and that death occurred, on the date stated above, at 6 01 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Signs

(Signed) H. H. Hampson M.D.

, 19 (Address) 501 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery — DATE OF BURIAL: 8/2 1933

20 UNDERTAKER: Walter B. Griggs — ADDRESS: 139 W Hamburg St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 2 - 1933

M. D. B. 1268-9

E 92516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Essie Tilkoff 3-01

(a) Residence: No. 915 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

E

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mount Ryndale Date 8/3/33 19

19. UNDERTAKER Jacob Lewis Inc.

(Address) 1439 E. Baltimore St.

Huntington Williams Reg't

20. FILED AUG 3 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1933 to Aug 2, 1933

I last saw h. alive on Aug 2, 1933 Death is said to have occurred on the date stated above, at 8.30 A M.

The principal cause of death and related causes of importance were as follows:

Acute Mastoiditis, Septicaemia Influenzal

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Mastoidectomy Date of 8/1/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Levin M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 92517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wiley Johnson 24-01

(a) Residence: No. 1609 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19-1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steward 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry C. Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Hattie Kendall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT H. C. Johnson
(Address) Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 8/4 1933

19. UNDERTAKER L. F. McCully
(Address) 1305 Eutaw Pl.

20. FILED AUG 2 - 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26 1933 to Aug. 1 1933

I last saw h. alive on Aug 1 1933. Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	July 4
Uremia	July 26

Other contributory causes of importance: Hypertensive Cardio-Vascular Renal Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Samuel L. Crum M. D.
(Signature) .....
(Address) Sinai Hospital

E 92518 ✓ E 92518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Egerton Rd St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? 59 yrs. 7 mos. 28 ds.

2. FULL NAME Medora Carrick 15-61

(a) Residence: No. 3305 Egerton Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Dec 31 1873

7. AGE: Years 59 | Months 7 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Dalto. Maryland

FATHER

13. NAME: Jas. F. Cdrrick

14. BIRTHPLACE (city or town) (State or country): Bowie Maryland

MOTHER

15. MAIDEN NAME: Sarah M. Gribbet

16. BIRTHPLACE (city or town) (State or country): W. C. Co. Maryland

17. INFORMANT: Mrs Elizabeth J. Brittingham (daughter)

(Address) 3305 Egerton Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Aug 3 1933

19. UNDERTAKER: Stewart Mortuary Co.

(Address) 102 W North Ave.

20. FILED: AUG 2 - 1933 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931 to July 31, 1933.

I last saw h.r alive on July 31, 1933 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic rheumatic endocarditis	4 yrs
mitral and aortic insufficiency	1 yr
chronic nephritis	1 yr
Other contributory causes of importance: pulmonary edema	5 days

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there ~~no~~ autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. L. Kieffer, M. D.

(Address) 3120 Edmondson Ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 92519

92519 CERTIFICATE OF DEATH

Registered No. E 92519

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2612 Bruce St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francine Sherman Hayes. 13-01

(a) Residence: No. 2612 Bruce St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Oct 15-1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Elbert Hayes

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Annie Klutz

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Annie Hayes 2612 Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place: Int Gen Date: Aug 2, 1933

19. UNDERTAKER: Eugene T. C. Gibson
(Address): 1132 Edmondson Ave

20. FILED: AUG 2-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933 to July 31, 1933

I last saw h... alive on July 31, 1933 death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
4 Days	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Luck M. D.

(Address) Coroner

WHITE PLATE. WITH CARBON INSIDE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 92520 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92520

CERTIFICATE OF DEATH

131 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2770 W North Ave (Street) WARD) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma L. Hewitt

(a) RESIDENCE NO. 2770 W North Ave (Street) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 ~~single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word) Married

5a If married, widowed, or divorced WIFE of Oliver K. Hewitt

6 DATE OF BIRTH (month, day, and year) Dec 5-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fairmont W Va

PARENTS

10 NAME OF FATHER John Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Martha Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Oliver K. Hewitt 2770 W North Ave

15 Filed Huntington Williams, M.D.

AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31st 1933

17

I HEREBY CERTIFY, That I attended deceased from June 1 1933 to July 31 1933

that I last saw her alive on July 31 1933

and that death occurred, on the date stated above, at 10-20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Lewis A. Grey M. D.

8/1 1933 (Address) 517 Equitable Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Aug 3 1933

20 UNDERTAKER Kertram & Gore

ADDRESS 2324 N Charles St

INFORMATION, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250R

E 92521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92521

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Llewellyn Ave St., Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME William S. Sunderland 8-01

(a) Residence: No. 1603 Llewellyn Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary E. Sunderland

6. DATE OF BIRTH (month, day, year) Aug 5th. 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
78	II	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 150

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Wesley Sunderland

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Mary --------?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Mary Sunderland 1603 Llewellyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 8-2-33, 19

19. UNDERTAKER (Address) Wendell E Humphreys 1501 N. Arlington Ave. ~~Wilkens~~ Wilkens, Md.

20. [illegible] Registrar.

AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933, to July 31, 1933

I last saw h[illegible] alive on July 31, 1933 death is said to have occurred on the date stated above, at 3:30 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

[illegible] M. D.
(Address) 1305 E. 20th St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

92522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 300 Homeland St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Ch. Kadan

(a) Residence: No. 3600 Norman ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

8-01

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Kadan

6. DATE OF BIRTH (month, day, and year): Feb-1-1872

7. AGE — Years: 61 — Months: 5 — Days: 30 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 050
10. Date deceased last worked at this occupation (month and year): 7-31-33
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Albert Kadan
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Frances Krauchs
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mary Kadan Hyattsville Park Md

18. BURIAL, CREMATION, OR REMOVAL — Place: Dat Hill. Date: 8-2-33

19. UNDERTAKER: Wendell E. Humphreys (Address): 1024 N. Broadway

AUG 2 - 1933 — Huntingtown Md. — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-31-33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Asphyxia — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) [illegible] Coroner M. D.

(Address) 1672 Roland Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92523

CERTIFICATE OF DEATH

82-004E 92523

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME John Hanska. 7-01

(a) Residence: No. 948 N. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hanska.

6. DATE OF BIRTH (month, day, year) May 16, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia.

FATHER

13. NAME John Hanska.

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Annie Schlesinska

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT Mary Hanska - Daughter

(Address) 132 N Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 4 1933

19. UNDERTAKER Frank Leach Son

(Address) 1006 Eastern Ave.

FILED AUG 2 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1932 to Aug 1 1933

I last saw him alive on Aug 1 1933 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Hypertension	?
Hemiplegia 9 days	7-29-33
Bronchopneumonia	8-1-33
Cardiac failure.	
Other contributory causes of importance:	
Eczema.	1-1-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

M. D.—WRITE PLAINLY, with pen and ink—this is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 4 92524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

116 E 92524

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

2. FULL NAME Joseph Holub

(a) Residence: No. 719 N Duncan St., 7-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mame

6. DATE OF BIRTH (month, day, year) March 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 040

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Francis Holub

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Josephine Dvorak

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 4 1933

19. UNDERTAKER French Brock & Son

(Address) 1906 Garland ave

FILED AUG 2 1933 Huntington Williams, Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1933 to Aug 1, 1933

I last saw h[illegible] alive on Aug 1, 1933 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid structure	June, 1933
	Now

Other contributory causes of importance:

Cancer of pancreas

Name of operation Sigmoidectomy Date of 7/14/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Paul A. Kimmel M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

E 92525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE MD) St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr. M. Dagabenta Clara Cronin 9-01

(a) Residence: No. St. Joseph's Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 29, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Patrick Cronin

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna Lind

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of St Joseph's Hospital
(Address) Catherine & Eliza St.

18. BURIAL, CREMATION, OR REMOVAL Aug 3 1933
Place Holy Redeemer Cemetery Date 19

19. UNDERTAKER Henry Abercrombie Inc
(Address) 1301 E Eager St

20. FILED Huntington Williams M.D.
Registrar.

AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 3. 1932 to August 1 1933

I last saw her alive on August 1 1933 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of breast (rt) c metastases to pelvis	?
2. Hypertension	
3. arteriosclerosis	
Other contributory causes of importance:	
1. Hypertrophic arthritis	
2. [illegible] arteriosclerosis	

Name of operation ..... Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92525 E 92526

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Miller

(a) Residence: No. 1026 Linton St., Ward. Johnstown Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathan

6. DATE OF BIRTH (month, day, year) 11/10/1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Johanna Rosenstein

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Frederica Weinberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnstown Pa. Date Aug 2 1933

19. UNDERTAKER John D. Mitchell & Son
(Address) 910 Eutaw Place

FILED AUG 2 1933 Linton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24 1933 to Aug 1 1933

I last saw her alive on Aug 1 1933 Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	7/24/33
Fibro fibroma	

Other contributory causes of importance:

Pernicious anaemia
Arteriosclerosis

Name of operation Resection of ileum Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-b

E 92527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92527

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S. Castle St. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY EIRING. 2-01

(a) Residence: No. 30 S. Castle St. St., 2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Eiring.

6. DATE OF BIRTH (month, day, year) July 16 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~House Work~~,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Eiring

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Lawrence A. Eiring (Son)

(Address) 2800 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Aug. 3 1933

19. UNDERTAKER Lilly, Zeiler Inc.

(Address) 403 E. Wells St. ~~Huntington Wellsville, W. Va.~~

20. FILED AUG 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h alive on ..... 19 .. Death is said to have occurred on the date stated above, at 9.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. E. Geary M. D.

(Address) 1305 Eutaw Place Coroner

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 92528 ✓ E 92528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 2

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 610 S. Clinton St. St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME GEORGE M. JURS. 26-01

(a) Residence: No. 610 S. Clinton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen C. Jurs.

6. DATE OF BIRTH (month, day, year) Mar. 30 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Burner at ~~Yd~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Shipbuilding Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter J. Jurs.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Harry C. Brown (Cousin)
(Address) 610 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 4 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 407 E. Olfe St.

20. FILED ..... 19 ..... Registrar.

AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24 1933 to Aug 1 1933
I last saw him alive on Aug 1 1933 Death is said to have occurred on the date stated above, at 9:23 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Hypostatic	
Pneumonia	

Name of operation None Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Jordy M. D.

(Address) 600 S. Ellwood Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92529 E

CERTIFICATE OF DEATH 34 E 92529

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Furlong

2-01

(a) Residence: No. 621 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Sept 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chairwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Walter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Lacy Heart Date Aug 2, 1933

19. UNDERTAKER Wm. J. Fraley & Son

(Address) 1318 Light St.

FILED AUG 2 - 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Aug 2, 1933

I last saw her alive on Aug 2, 1933 Death is said to have occurred on the date stated above, at 2.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Senility~~	
Arteriosclerosis Heart Disease	?
Chronic Bronchitis	8 yrs.
Lobular pneumonia	2 days
Other contributory causes of Importance:	over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magill M. D.

(Address) Balt City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. E 92530

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 25 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Philip Byrd

(a) Residence: No. 5912 Seoul Ave. Cleveland, Ohio (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 3, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) 3

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER

13. NAME Elias Byrd

14. BIRTHPLACE (city or town) (State or country) Evansville Ohio

MOTHER

15. MAIDEN NAME Ella Viney

16. BIRTHPLACE (city or town) (State or country) Evansville Ohio

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Hope Cemetery Date 8/2 19 33

19. UNDERTAKER John J. Flaherty Son

(Address) 1314 E. Eager St

20. FILER Huntington Williams Registrar

AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 17 19 33 to Aug 1 19 33

I last saw him alive on Aug 1 19 33 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Peritonitis Lobar Colon — Date of onset June 1932

Other contributory causes of importance:

Bronchio-pneumonia 2 days

Name of operation Exploratory Laparotomy 7/31/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Martin L. Cannon M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92531 E 92531

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Vincent St. St., Ward)

Length of residence in city or town where death occurred 23 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Blanche Jones. (C) 19-01

(a) Residence: No. 515 N. Vincent St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 8, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Philip Jones. (C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Blanche Johnson. (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Blanche Jones. (C) mother.
(Address) 515 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Aug 3rd 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Edwards St.

20. FILED AUG 2 1933 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-myelitis.	
Lues.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner. M. D.

8/1/33 (Address) 1017 E. Charles St.

N. B.—WRITE PLAINLY, with ink. All items must be supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-8

92532

HEALTH DEPARTMENT—CITY OF BALTIMORE

92532

CERTIFICATE OF DEATH

Piquett

34

Registered No. 20-41

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Pickett Lane. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henson A. Dorsey. (C)

(a) Residence: No. 3102 Pickett Lane. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, HUSBAND of ~~XXXXXXXXXXX~~ ~~XXXXXX~~ Thelma Dorsey. (C)

6. DATE OF BIRTH (month, day, year) June 5, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Track laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R. R. System. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Thelma Dorsey. (C) wife.

(Address) 3102 Pickett Lane.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 3rd 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED AUG 2 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortitis. Lues.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Hospital Diagn. Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt Coroner, M. D.

8/1/33 (Address) 1017 E. Charles St.

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92533

CERTIFICATE OF DEATH

82-004 E 92533

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2214 Carlton St. Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Schilling Wurster 6-01

(a) Residence: No. 2214 Carlton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Wurster

6. DATE OF BIRTH (month, day, year) June 1 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Wurster

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Linda Schilling

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm. Schilling Wurster

(Address) 2211 Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug. 4 1933

19. UNDERTAKER John Merrick

(Address) 2116 Arlington Ave

Huntington Williams Hospital

20. FILED AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to Aug 1, 1933

I last saw h[illegible] alive on Aug 1, 1933 Death is said to have occurred on the date stated above, at 11:45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3 days
Other contributory causes of importance: Acute Bronchitis	5 days
Hypertrophy of prostate gland	[illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Kemmel M. D.

(Address) 4901 Reisterstown Rd

Cal

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92531

CERTIFICATE OF DEATH

59 E 92531

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME John Novotny

(a) Residence: No. 206 N. Duncan St. Ward 6-01

(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 9/18/1851

7. AGE: Years 82 | Months 10 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto City

10. Date deceased last worked at this occupation (month and year): 08

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: John Novotny

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Josephine [illegible]

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Mary Novotny

(Address) 206 N Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 10 1933

19. UNDERTAKER: John Weindel

(Address) 2008 Aisquith

Huntington Williams Mgr.

FILED [illegible] Registrar.

AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/31 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/8 1933 to 7/31 1933

I last saw h/M alive on 7/21/33 19 Death is said to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

Gangrene of foot (left) — Date of onset 2 wks

Other contributory causes of importance: Bronchopneumonia — 2 dys

Name of operation: amputation above ankle Date of 7/27/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Magill M. D.

(Address) East. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92535

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 N Broadway St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fredrick Richard Tausch 8-01

(a) Residence: No. 1719 N Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine Pausch

6. DATE OF BIRTH (month, day, year) Dec 23 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacconist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George Pausch

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Louise Handtner

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Ernestine Pausch

(Address) 1719 Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Aug. 4. 1933

19. UNDERTAKER John Ullrich

(Address) 2005 Orleans

20. FILED AUG 2 - 1933 Thos. Linthicum Vital Statistics Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25. 1933 to August 2. 1933.

I last saw him alive on Aug 1. 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuff.	
Other contributory causes of importance:	
Cor Pulmonale	

Name of operation None, Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Kourey, M. D.

(Address) 1317 N Broadway

AUG 2-1933

A. B.—WRITE PLAINLY, with pen and ink—DO NOT USE LEAD PENCIL—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92536 | E 92536 | 120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Lang 9-01

(a) Residence: No. 2522 Hartford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lang

6. DATE OF BIRTH (month, day, year) Oct 5 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2 9	8 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frederick Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Single

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient

(Address) 2522 Hartford Ave. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Aug-3 1933

19. UNDERTAKER John Wescott

(Address) 1222 Orleans

20. FILED AUG 2 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21 1933 to July 31 1933

I last saw him alive on July 31 1933. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulceration of small Intestin c perforation and operation & post op. obstruction	

Other contributory causes of importance:

Pleurisy

Name of operation Lateral Entero enterostomy Date of 7-22-33
followed by Ileostomy 7-27-33

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92537

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 E Madison St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Webster 10-01

(a) Residence: No. 1234 E Madison St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 1859

7. AGE Years 74 Months 7 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John & Mrs
(Address) 1234 E Madison

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 7, 33

19. UNDERTAKER John Meisel
(Address) 2018 Eutaw

20. FILED Aug 7 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw him alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Uremia

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leek, M. D. Coroner

(Address) ...

information should be carefully supplied. AGE should be stated in years, months and days if under one year. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AUG 7 1933

M. D. B. 1268-9

E 92538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 92538

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Chapel St., ... Ward)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph E. Clifhant 2-01

(a) Residence: No. 520 S. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Clifhant

6. DATE OF BIRTH (month, day, year) June 6, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Department

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Clifhant

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Johanna Tagg

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Sallie Clifhant

(Address) 520 S. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place t. Carmel Cemetery Date Aug. 3. 1933

19. UNDERTAKER Henry Sander & Sons. Inc. Sander

(Address) Baltimore St. & Broadway.

20. FILED AUG 2 - 1933 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 to July 31 1933

I last saw him alive on July 31 1933. Death is said to have occurred on the date stated above at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Cerebral Arteriosclerosis	1 mo ago
Myocarditis	1 yr

Other contributory causes of importance:

Acute Cardiac Dilatation	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) 1st Mercantile Bldg

M. B. WHITE LEAFLET, with CARBON INSERT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 92539

M. D. B. 1268-4
92539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Aged Mens Home

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1400 W. Lexington St., Ward)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel M Wilson 19-01

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 18, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Wilson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Doherty

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records of Aged Mens Home
(Address) Caton Ave & Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Pl. Princess Ann Md Date Aug 4, 1933

19. UNDERTAKER George C Smith
(Address) 1632 Pulaski St

FILED Aug 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1933 to August 1, 1933

I last saw h alive on July 28, 1933 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Hypertension sclerosis	2 yrs.
Chronic Myocarditis	2 yrs.
Senile Senility	2 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B Jones M. D.

(Address) 1115 E Fayette St.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92540 E

CERTIFICATE OF DEATH

131 E 92540

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3955 Greenmount Ave St., Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Hannah Mc Manus 9-01

(a) Residence: No. 3955 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard J. Mc Manus

6. DATE OF BIRTH (month, day, year) 1/6/1859

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.
74	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick O'Connell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Halpin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John F. Mc Manus

(Address) 3955 York Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/4/33 19

19. UNDERTAKER Geary & Watts Son

(Address) 135 Hamilton Ave

AUG 2 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1932 to Aug 1 1933

I last saw her alive on July 31 1933. Death is said to have occurred on the date stated above, at 5 1/2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Arteriosclerosis	1931
Chr Int Nephritis	1931
Other contributory causes of importance:	
Arteriosclerosis	1931
Hypertension	1931

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Venturi M. D.

(Address) 3013 St Paul St

Information asked for on this certificate is required by law (Ordinances 1259, approved April 30, 1915, and 1260, approved May 1, 1915). Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92541

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) Sydenham Hospital

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annabelle Grimes 9-01

(a) Residence: No. 605 Ingleside (Catonsville, Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 11, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Catonsville, (State or country) Md

FATHER

13. NAME Claude Grimes

14. BIRTHPLACE (city or town) Howard County, (State or country) Md

MOTHER

15. MAIDEN NAME Ella Louse

16. BIRTHPLACE (city or town) Montgomery County, (State or country) Md

17. INFORMANT Father
(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Harmony Cem. Date Aug 4. 1933

19. UNDERTAKER Easton Sons
(Address) Edmondson Ave.

20. Filed ..... 19..... Registrar.

AUG 2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933 to Aug 1, 1933

I last saw her alive on Aug 1, 1933. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Meningitis (Original lesion unknown)	July 28

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9.—WHITE PERMIT, WITH CERTIFICATE OF DEATH.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92542

CERTIFICATE OF DEATH.

46

E 92542

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Sc~~ 4011 Eierman Ave ST., WARD) 27-01

2-FULL NAME Anna May Moloney

(a) RESIDENCE NO. 4011 Eierman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Joseph L. Moloney

6 DATE OF BIRTH (month, day, and year) May 3 1892

7 AGE — Years: 41 | Months: 2 | Days: 29 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Traffic Dept

(b) General nature of industry, business, or establishment in which employed (or employer) Court Balto Ind

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Leonard F. Gentry

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Mary A. MacDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mrs Mary A. Gentry

(Address) 4011 Eierman Ave

15 Filed ... Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1933

17

I HEREBY CERTIFY, That I attended deceased from July 20 1933 to July 31 1933.

that I last saw her alive on July 30 1933.

and that death occurred, on the date stated above, at 9.50 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chronic endocarditis

(duration) yrs. 0 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Edward Jenson M. D.

8-2, 1933 (Address) 1 W. Overlea Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Bethel Cem

DATE OF BURIAL 8/3/1933

20 UNDERTAKER J. J. Moran

ADDRESS 3000 E. Baltimore

AUG 2 - 1933

INSTRUCTIONS TO PHYSICIANS: This is a statistical record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 250B

92543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

E 92543

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N. Bond St. St., ... Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

8-01

2. FULL NAME James A. Henry

(a) Residence: No. 1508 N. Bond St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Roddy Henry

6. DATE OF BIRTH (month, day, year) May 13th, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	2	18	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Court Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ct. Common Pleas
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME William J. Henry
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Gannon
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Mamie R. Henry
(Address) 1508 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Gem Date Aug. 4th, 1933

19. UNDERTAKER Chas. H. Grause Inc.
(Address) 118 W. Lt. Royal Ave.

FILED AUG 7 1933, 19 ..... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1st. 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/1/33, 19 ..... to 8/1/33, 19 ..... I last saw h[illegible] alive on 8/1/33, 19 ..... death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/1/33
Angina Pectoris	8/1/33
Other contributory causes of importance	
Coronary Sclerosis	8/1/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Mackey, M. D.

(Address) 532 E. 22nd St.

AUG 7 1933

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92544

CERTIFICATE OF DEATH

131

E 92544

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 Poplar Grove St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 42 yrs. ..... mos. ..... ds.

2. FULL NAME Alice M. Taylor 16-01

(a) Residence: No. 1540 Poplar Grove St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence H. Taylor.

6. DATE OF BIRTH (month, day, year) May-23-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
68.	2.	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Wm. Banks.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Clarence H. Taylor, Jr.
(Address) 1540 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Aug. 3, 1933.

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

AUG 2 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to July 31st, 1933

I last saw her alive on July 31st, 1933 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	
Pyelonephrosis	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. D. Boyerly M.D.

(Address) 304 W. Lanvale St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92545

CERTIFICATE OF DEATH

131 E 92545

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Woodbourne St., WARD) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annah D. Linton

(a) RESIDENCE NO. 700 Woodbourne ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Linton

6 DATE OF BIRTH (month, day, and year) July 9, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	13	14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Strasbaugh

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah McSherry

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Spouse & Friends

(Address) 700 Woodbourne

15 Filed AUG 2-1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2-1933

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 2, 1933, that I last saw h[illegible] alive on Aug 1, 1933, and that death occurred, on the date stated above, at 3:15 a. m.

The CAUSE OF DEATH* was as follows:

1 Mitral Regurgitation Decompensated

2 Uraemia 2 Broncho Pneumonia 2)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 2 mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraemia

(Signed) C. Ross Stevens, M. D.

8-2, 1933 (Address) 2828 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 8/5 1933

20 UNDERTAKER Herman Lemmon

ADDRESS 4611 Park Heights Ave

AUG 2-1933

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92546 CERTIFICATE OF DEATH X 59 E 92546

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Stilkens & Caton Ave.

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. If (foreign born) yrs. mos. da. 25-01

2. FULL NAME Mrs. Letitia O. Donovan

(a) Residence: No. Baldwin, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Mar 25-1875

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER
13. NAME Charles Trash
14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER
15. MAIDEN NAME Mary Colt
16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Edith O. Donovan
(Address) Sweet Air

18. BURIAL, CREMATION, OR REMOVAL Green Mt. Aug 5 1933
Date

19. UNDERTAKER Joseph D. Brodbeck
(Address) Govans, Md

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26 1933 to Aug. 2 1933
I last saw her alive on Aug 2 1933 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia.	
Other contributory causes of importance: Diabetes Mellitus	
Carcinoma of foot	
Leg & thigh	

Name of operation Excision & drainage of thigh Date of operation 7/31/33 8/1/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. J. Govatos M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UB 2 - 1333

M. D. B. 1268-9

E 92547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

E 92547

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Chilham Road, St., Mt. Washington Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert T. Mugford

(a) Residence: No. 2201 Chilham Rd St. ... Ward. 27-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith R. Mugford

6. DATE OF BIRTH (month, day, year) September 15, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John Mugford

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Bodycombe

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. Edith R. Mugford

(Address) 2201 Chilham Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date August 3, 1933

19. UNDERTAKER A. S. Marshall

(Address) 3539 Falls Road

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to July 31, 1933.

I last saw h... alive on July 31, 1933. Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Sclerosis of coronary arteries	1931
Angina Pectoris	1932
Other contributory causes of importance:	
Acute Cardiac Decompensation	1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. H. Bishop, M. D.

(Address) 501 Cathedral St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8-2-1933 ...

M. D. B. 1268-9

92548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92548

CERTIFICATE OF DEATH 133

1. PLACE OF DEATH Union Memorial Hospital. Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ida Mills. 27-01

(a) Residence: No. 4506 Doherty Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	W. Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Mueller -

6. DATE OF BIRTH (month, day, year) May 1st 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Kiffenbaugh

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Miranda Griffin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Madeline Mills

(Address) Same as 22.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Aug 3. 33

19. UNDERTAKER J. S. Marshall

(Address) 3539 Galy Road

Registrar.

AUG 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1st, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1933, to Aug 1st, 1933.

I last saw her alive on Aug 1st 1933. Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Acute Hypostatic Pneumonia~~	
~~Chronic Nephritis~~	
Uremia.	Terminal
Acute and chronic cystitis & acute and chronic pyonephrosis	

Other contributory causes of importance:

Bronchopneumonia.

Operative panhysterectomy for prolapsus uteri

Name of operation Panhysterectomy. Date of 7-5-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Franco M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92549

CERTIFICATE OF DEATH

185

E 92549

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

Length of residence in city or town where death occurred 10 yrs. ---mos.--- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gabriel Turner.(C)

12-01

(a) Residence: No. 2218 Oak St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME Major Turner.(C)

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Louisa Frazier.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Rev. Agriffa Turner.(C) brother

(Address) 1434 Ward St.

18. BURIAL, CREMATION, OR REMOVAL

Place Girard Lawn Md. Date Aug 4. 1933

19. UNDERTAKER Joseph A Lively

(Address) 1122 Monroe St Huntington Wilkinson, W.Va.

20. FILED AUG 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ---, 19--- to ---, 19---

I last saw h--- alive on ---, 19--- Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of right wrist.	
terminal Pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquir. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Jul. 13/33

Where did injury occur? At work.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At work.

Manner of injury Cut by tin.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo M Reinhardt M. D. Coroner

8/1/33 (Address) 1017 E. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92550

CERTIFICATE OF DEATH

175

E 92550

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Cuneo

(a) Residence: No. 923 Eastern Ave St., Ward. 3-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 6 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 38	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pietro Md

MOTHER FATHER

13. NAME Frank Cuneo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Madaline Bacigalupo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Antonio Cuneo

(Address) 923 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Aug 3 1933

19. UNDERTAKER Martin W. E. Dippold

(Address) 27 S Eden St

FILED AUG 2 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 130 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to Ruptured Liver Probable Homicide	

Other contributory causes of importance:

over

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92551

CERTIFICATE OF DEATH

46 E 92551

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J Goucher 2-01

(a) Residence: No. 1835 E Balto St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lilly May Goucher

6. DATE OF BIRTH (month, day, year) Nov 21 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron 047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John J Goucher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Donnelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas J Goucher
(Address) 1835 E Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 4, 1933

19. UNDERTAKER Martin W. E. Dupphel Inc
(Address) 32 Lanvale St

20. FILED 2 1933 Huntington Williams MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 19 33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5:45a m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B F Stevenson M. D.
Coroner

(Address) 1305 Hutton Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 92552

92552

Registered No. .....

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St., Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorane Davis 15-01

(a) Residence: No. 1713 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race colored

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1932

7. AGE Years 1 Months 6 Days If LESS than 1 day, hrs. or min.
18 months old

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME H Reed

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bessie Davis

(Address) 1713 Woodyear Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 3 1933

19. UNDERTAKER Thomas E K Elson

(Address) 1303 Pennsylvania Ave

Huntington Williams, M.D. Registrar.

20. FILED AUG 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1933 to 7-31 1933

I last saw h.e alive on 7-31 1933. Death is said to have occurred on the date stated above, at 6.00 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) B. Harris M. D.

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92553 122-002 E 92553

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hosp (St.) ..... (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joe Jones 19-01

(a) Residence: No. 305 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie Jones

6. DATE OF BIRTH (month, day, year) 1891

7. AGE: Years 42 Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Elias Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Charlotte Lauter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Roland Jones
(Address) 243 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date Aug 3 . 1933

19. UNDERTAKER Thomas G. Kelson
(Address) 2200 Washington ave.

20. FILED AUG 2 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st . 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset ...
few hours

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Leek, M. D.
Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92554

CERTIFICATE OF DEATH

131

E 92554

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anarata Duncan 11-01

(a) Residence: No. 1119 Madison ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
(or) WIFE of Major Duncan

6. DATE OF BIRTH (month, day, year) 879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home 037

10. Date deceased last worked at this occupation (month and year) June 5, 1923

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Major Duncan
(Address) 1119 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hanover & Va. Date Aug 2, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED AUG 2 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to August 2, 1933

I last saw her alive on August 2, 1933 Death is said to have occurred on the date stated above, at 1:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1923

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Kuer Moore M. D.

(Address) Franklin Sq. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 2 1933

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92555 E 92555

CERTIFICATE OF DEATH 92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 N. Hill Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Irene Wilson 17-01

(a) Residence: No. 1106 N Hill ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Scott

6. DATE OF BIRTH (month, day, year) June 4th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	June	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island, Md

FATHER

13. NAME William Wilson

14. BIRTHPLACE (city or town) (State or country) Kent Island Md

MOTHER

15. MAIDEN NAME Lena Gibbs

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Della Wilson

(Address) 1106 North Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 4th 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

AUG 2 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to July 31 1933

I last saw her alive on July 31 1933 Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	

Other contributory causes of importance: Don't Know

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Forsaith M. D.

(Address) 11 W. Saratoga St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92556

E 92556

CERTIFICATE OF DEATH 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Gilmor St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 16-01

2. FULL NAME Sophie Wilson

(a) Residence: No. 906 N. Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laundress 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Agnes Warren
(Address) 906 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 3 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 922 N. Schroeder St

G2 - 1933 Thurston Williams Jr
Registrar.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24- 1933 to August 1- 1933
I last saw h.dr alive on July 29- 1933 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	unknown

Other contributory causes of importance: none

Name of operation — Date of —

What test confirmed diagnosis? P.E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ....
no If so, specify .....

(Signed) Chas Friend M. D.

(Address) 72 E. Lanvale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

E 92557

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriet Fairfax 12-01

(a) Residence: No. 316 E Wrsaldy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/21/?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 ?	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Fairfax

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Aug 4th 1933

19. UNDERTAKER Mrs. R.A. Elliott
(Address) 1129 N. Carolina st

19 ... Registrar.

AUG 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5 1933 to Aug 1 1933

I last saw h[illegible] alive on Aug 1 1933 Death is said to have occurred on the date stated above, at 12 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	7/30/33
Diabetes Mellitus	3 years

Other contributory causes of importance:

Thyroidectomy	7/27/33

Name of operation Thyroidectomy Date of 7/27/33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Clark M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 35

E 92558

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. ..... Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. if not a native? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adelaide Pratt

(a) Residence: No. 1727 Madison Ave St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Pratt.

6. DATE OF BIRTH (month, day, year) June 11 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Jamerson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nannie Collins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Louise Saulsbury

(Address) 1727 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Lee Date Aug 3rd 1933

19. UNDERTAKER Mrs. P. A. Ellerby

(Address) 129 N. Caroline St

20. FILED Aug 2 1933 19 ..... RPH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/12 1933 to 7/31 1933

I last saw her alive on 7/31 1933 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Salpingitis	June
	over

Other contributory causes of importance:

Syphilis	10
Bronchopneumonia	2 days

Name of operation Salpingectomy Date of 7/15 1933

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Martin L. Cannon M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G2-1933

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92559

CERTIFICATE OF DEATH. 95-002

E 92559

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2108 McCulloh ST., WARD) 14-01

2-FULL NAME Annie Allen

(a) RESIDENCE No. 2108 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Allen

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic. Oto

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Garraway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret Campbell

(Address) 2108 McCulloh St

15 Filed AUG 2 1933 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1. 1933

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to Aug. 1, 1933.

That I last saw her alive on Aug 1, 1933.

and that death occurred, on the date stated above, at 4:52 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease.

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) H. Galad Caldwell M. D.

Aug 4, 1933 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm H. Mabery Sons

DATE OF BURIAL Aug 4th 1933

20 UNDERTAKER Ida B. Snowden

ADDRESS 1129 Hardee

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

92560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 E 92560

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Ashland Ave St., ... Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wm. Davis 7-01

(a) Residence: No. 1735 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): ~~Mar~~ Widowed

6a. If married, widowed, or divorced — HUSBAND of ~~for~~ Loretta Davis

6. DATE OF BIRTH (month, day, year): Aug 2 1883

7. AGE: Years 50 | Months — | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Gt°

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hartford Co Md

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Alverta Reed (sister-in-law)
(Address) 1718 E Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 4th 19..

19. UNDERTAKER: Mrs. B. A. Elliott
(Address) 1129 Clarence St Huntingtn Williams, W Va

20. FILED AUG 2 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 1 , 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20 , 1933 to Aug 1 , 1933

I last saw h[illegible] alive on Aug 1 , 1933. Death is said to have occurred on the date stated above at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Cyst Nephrosis — Date of onset Jul 1933

Other contributory causes of importance:

Primary Sarcoma Marked Secondary Anemia

Name of operation: none — Date of .....

What test confirmed diagnosis? Surgical — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 E. Monument St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92561

CERTIFICATE OF DEATH

191 E 92561

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 3901 E. Orleans St., — Ward) 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Becker

(a) RESIDENCE NO. 3901 E. Orleans St. — Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct 24 1870

7 AGE: Years 63 Months 4 Days 7 IF LESS than 1 day ___ hrs. or ___ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home-work, 07

(b) General nature of industry, business, or establishment in which employed (or employer): Home Work.

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas Harbig

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ellen Harbig

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Geo. Becker

(Address): 3901 E. Orleans St.

15 Filed Aug 2 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1933 19

17 I HEREBY CERTIFY, That I attended deceased from July 24 1933 to Aug 1 1933

that I last saw h[illegible] alive on July 31 1933

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Heart & Cerebral Hemorrhage

(duration) — yrs. — mos. 1 da.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 1 yrs. — mos. — da.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Leo Wolf M. D.

8-9-1933 (Address) 3047 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery — Date of Burial Aug 3rd 1933

20 UNDERTAKER: Mrs. H. A. Elliott — ADDRESS

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92562 53 48 ✓

CERTIFICATE OF DEATH

E 92562

13-002 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thurman Booth 8-01

(a) Residence: No. 1537 E Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/10/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Theodore Booth

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mame Chat

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Smithfield, Va Date Aug 4, 1933

19. UNDERTAKER Mrs R. A. Elliott
(Address) 1129 N. Pulaski St Huntington, W. Va

G 2-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933 to Aug 1, 1933.

I last saw him alive on Aug 1, 1933 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	7 25 33
Bacillary Dysentery	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Julius B Washington M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92563 ✓ E 92563 B 92563

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 4-01

2. FULL NAME Clarence Burnham

(a) Residence: No. Timonium, Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Maude Burnham

6. DATE OF BIRTH (month, day, year) May 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Henry Warfield

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

FATHER

13. NAME Elijah Burnham

14. BIRTHPLACE (city or town) (State or country) Baltimore Co

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Maude Elizabeth Burnham

(Address) Pot Spring Road

18. BURIAL, CREMATION, OR REMOVAL

Place Sater's Ben. Date August 5, 1933

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

Filed AUG 2 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22nd, 1933, to August 2nd, 1933. I last saw him alive on August 2nd, 1933. Death is said to have occurred on the date stated above, at 11:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	6-15-33
Other contributory causes of importance: Septicaemia (Staphylococcus Hemolyticus)	7-27-33

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Laurston L. Brown M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92564

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Club Road St., Roland Park Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mattie W. Brantley 27-01

(a) Residence: No. 8 Club Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Rev Wm T. Brantley D.D.

6. DATE OF BIRTH (month, day, year) May 5th 1845

7. AGE: Years 88 | Months 2 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison Georgia

FATHER

13. NAME John R. Walker

14. BIRTHPLACE (city or town) (State or country) Georgia.

MOTHER

15. MAIDEN NAME Eliza Fannin

16. BIRTHPLACE (city or town) (State or country) Madison Georgia

17. INFORMANT Mrs Walter Chilcoat (Address) 8 Club Road

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Aug 3 1933

19. UNDERTAKER Henry H. Tipkins Sons (Address) McCulloh & Centre sts. Baltimore Md

AUG 3 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25th 1933 to Aug 1st 1933

I last saw h alive on July 31st 1933 Death is said to have occurred on the date stated above, at 3:20 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Calc Endocarditis with Failing Compensation

Date of onset

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jefferies Bunch M. D.

(Address) 5 Club Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92565

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Hillen St. St., Ward)

Length of residence in city or town where death occurred 15 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 25 yrs. --- mos. --- ds.

2. FULL NAME Dong Ham Woy. 5-01

(a) Residence: No. 1028 Hillen St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow.	Married

5a. If married, HUSBAND of Jung Woy.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China.

FATHER

13. NAME Nie Dig Woy.

14. BIRTHPLACE (city or town) (State or country) China.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) China.

17. INFORMANT Dun Goi Woy. (brother)
(Address) 201 E. 83rd St. New York City.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Aug 3 1933

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED AUG 3 1933 Waiting for Williams 8/21/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhardt M. D.
Coroner

(Address) 1017 E. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Wohlhaupter ~ E 92566

E 92566 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hindenike Wohlhaupter 8-01

(a) Residence: No. 1506 E. Jay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of John Wohlhaupter Dead

6. DATE OF BIRTH (month, day, year) ? 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 8/5 193

19. UNDERTAKER Bernard C Hafer (Address) 1002 E Pacific St Huntington West Virginia

20. FILED AUG 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26 1933 to Aug 2 1933

I last saw her alive on Aug 2 1933 Death is said to have occurred on the date stated above, at 9:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Atherosclerosis	?
Cerebral Hemorrhage c	
Hemiplegia (Left)	6 days

Other contributory causes of importance:

Senility

Cystitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. P. Mazell M. D.

(Address) Baltimore City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

92567 ✓ E 92567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

177

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) City Hospitals (ST.) ..... (WARD) .....

2-FULL NAME Florence May Palmer.

(a) RESIDENCE NO 1702 Sabina Ave (ST.) ..... (WARD) 27-01

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 11, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	9	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chester A Palmer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Vera G. Brittingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Chester A Palmer.

(Address) 1702 Sabina Ave,

15 AUG 3 - 1933 Huntington Williams, Undertaker, Lonsdale

CORONER'S CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) Aug 1 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Toxemia from Poisoned Food

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? 1702 Sabina Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) H. P. Herzog M.D. M. D.
Coroner

1, 1933 (Address) 300 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem.	Aug 3 1933.
UNDERTAKER	ADDRESS 2615-17

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 92568 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92568

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH 1343 Clipper Heights Balto Md REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Ashby Jefferson 13-0

(a) RESIDENCE NO. 1343 Clipper Heights ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced (or) WIFE of Lucretia Jefferson

6 DATE OF BIRTH (month, day, and year) Feb 6 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lucretia Jefferson
(Address) 1343 Clipper Road.

15 Filed AUG - 1933 Registrar Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7-1933

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1933, to August 2, 1933, that I last saw h im alive on August 2, 19 and that death occurred, on the date stated above, at 8 45 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edwin Roberts, M. D.

, 19 (Address) 6010 York Road Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem. Hamilton	Aug 4 1933
20 UNDERTAKER	ADDRESS
Chenoweth & Son	3615 Clifton

Important. See instructions on back of certificates.

M. D. B. 1268-9

E 92569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

E 92569

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2209 Druid Hill St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Daniels 14-01

(a) Residence: No. 2209 Druid Hill Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos Daniels

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Jackson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thos Daniels

(Address) 2209 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 3, 1933

19. UNDERTAKER Saml. W. Cross & Son

(Address) 608 N. Gilmor

20. FILED Aug 3 1933 Huntingtn Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	
4 Days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Link, M. D.

Coroner

(Address) Cor. House

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 3 - 1933

Spec—12 9 25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 92570

92570

CERTIFICATE OF DEATH.

92-001 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Manning 10-01

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Servant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Finland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) John Manning

12 MAIDEN NAME OF MOTHER Catherine Lyons

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Stanislaus Supr.

(Address) 1200 Valley St. city Little Sisters of the Poor

Filed 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 August 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Aug 2 1933, that I last saw her alive on Aug 1 1933, and that death occurred, on the date stated above, at 1:40 p. m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. McCarthur, M. D.

8/ , 1933 (Address) 111 E Hamilton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Charles Pikesville Aug 3 1933

20 UNDERTAKER ADDRESS

Rita Wiedefeld 914 Greenmount Ave

G 3-1933

IF DEATH IS FROM VIOLENCE, so that it may be properly classified, EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 E. Chase Street Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Garrity 10-01

(a) Residence: No. 712 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Garrity

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen McLaughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Delia Gallagher
(Address) 712 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug. 4 1933

19. UNDERTAKER Rite Wiedefeld
(Address) 914 Greenmount Ave

20. FILED Aug 3 1933 Huntington Woods, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1920 to Aug 1- 1933

I last saw h alive on Aug 1- 1933 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis	Aug 1-33
Other contributory causes of importance:	
Hypertension	5 Years

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Stanislaus McCleary M. D.
(Address) 1609 London Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92572

92572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Kolker 27-01

(a) Residence: No. 3809 Garrison Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ben

6. DATE OF BIRTH (month, day, year): [illegible]

7. AGE: Years 61 [illegible] | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Lesion

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Letter

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Levy Mem Cem Date: 8/4/33 19....

19. UNDERTAKER: Levy Bros

(Address) 1129 E. Baltimore St.

20. FILED ..... 19.... Registrar.

AUG 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/4/33 19

22. I HEREBY CERTIFY, That I attended deceased from August 2 19 33 to Aug. 3 19 33

I last saw h.. alive on August 3 19 33. Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	8-3-33
Cardiac Insufficiency	8-2-33
Cardiac Hypertrophy & Dilatation	1923
Arteriosclerosis	1920

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Mark Hollander M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

V E 92573

E 92573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Raynor Ave Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mariano H. Lassovir. 15-01

(a) Residence: No. 4421 Pall Mall Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nora

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Mariano Lassovir

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fanny Ruggiero

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Lassovir Wife
(Address) 4421 Pall Mall Rd

18. BURIAL, CREMATION, OR REMOVAL Potters Herring Run Date 8/3/33

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED AUG 3 - 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on August 1st, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocuted	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 1 1933

Where did injury occur? 2024 Raynor Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at work.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Gluck M. D.
Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1284-9

92574

HEALTH DEPARTMENT—CITY OF BALTIMORE

92574

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH Maryland Gen Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Howard and Lucken Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Harrington 11-01

(a) Residence: No. Churchville, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Rita Harrington

6. DATE OF BIRTH (month, day, year) Mar 20, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 7/26/33

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Corner Rock Va

FATHER

13. NAME Gil Harrington

14. BIRTHPLACE (city or town) (State or country) Corner Rock, Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Corner Rock Va

17. INFORMANT (Address) Wife Churchville Md

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Md Date Aug 3, 1933

19. UNDERTAKER (Address) Henry Tarrington Aberdeen Md

Huntington Williamson

FILED AUG 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/33

22. I HEREBY CERTIFY, That I attended deceased from 7/18/33 to 8/2/33

I last saw him alive on Aug 2/33, 1933 Death is said to have occurred on the date stated above, at 10:17 m.

The principal cause of death and related causes of importance were as follows: ~~Bronchopneumonia~~ Peptic Ulcer 7/28/33

Other contributory causes of importance: Bronchopneumonia 7/28/33

Name of operation Gastro-Enterostomy Date of 7/27/33

What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) D. C. Brauer M. D.

(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 92575

E 92575

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Central Ave Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Augusta A. Deaver 10-01

(a) Residence: No. 821 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Augusta A. Deaver

6. DATE OF BIRTH (month, day, year): 1866-June 25

7. AGE: Years 66; Months 1; Days 4; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 052

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Geo R. Deaver

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Sophia Lemmon

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs Augusta Deaver 1843-E 30

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 5th 1933

19. UNDERTAKER (Address): George Lauhlin Gladden Funeral Home Baltimore, Md

Filed AUG 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1 1933 that I last saw him alive on August 3 1933 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

3 months

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Funk M. D.

(Address) Cor

OCCUPATION is very important. See instructions on back of certificate.

G3-1933

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92576

CERTIFICATE OF DEATH

E 92576

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N Bond St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susanna Martin

8-01

(a) Residence: No. 1718 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A Martin

6. DATE OF BIRTH (month, day, year): Nov 26th 1856

7. AGE: Years 76 | Months 8 | Days 7 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sykesville Maryland

FATHER

13. NAME: Victor C Buckley

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Walter S Martin

(Address) 1718 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem Date Aug 4th 1933

19. UNDERTAKER: Geo Schilling & Sons

(Address) Monument Ave & Aisquith St

19. FILED AUG 3 1933 19

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): aug 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to aug 2 1933

I last saw h alive on Aug 2 1933 Death is said to have occurred on the date stated above, at 4 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Inhanation	aug 1
Other contributory causes of importance: cerebral hemorrhage	July 31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L Sanderson M. D.

(Address) 1714 N Caroline St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement in OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92577

E 92577

CERTIFICATE OF DEATH.

157-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N Gay ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Mc Graw

(a) RESIDENCE NO. 1801 N Gay ST., WARD E-01

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph McGraw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant

(Address)

Filed AUG 15 1933, 19 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2 1933

17 I HEREBY CERTIFY, That I attended deceased from 8-2, 1933, to 8-2, 1933

that I last saw him alive on 8-2, 1933

and that death occurred, on the date stated above, at 8 15 A.M.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) hrs. mos.

CONTRIBUTORY (Secondary) Patent foramen Ovale

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Birth

(Signed) David Miller M. D.

8/2, 1933 (Address) 1500 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL H Medairy

DATE OF BURIAL Aug 3 1933

20 UNDERTAKER

ADDRESS

Commissioner of Health.

TION is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92578

CERTIFICATE OF DEATH

161-004

E 92578

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 N. Carrol St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. 1411 N. Carrol St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 1933

19. UNDERTAKER
(Address)

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 death is said to have occu d on the date stated above, at 5.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) M. D.

(Address) 1600 Penn Ave

G3-1933

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92579 E 92579

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH 401 W Lexington St

CITY OF BALTIMORE: (No. Aged Mens Home St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm H Taylor 19-01

(a) Residence: No. Alms House Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 18, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME H Taylor

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Ruth Davis

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mary E Forestal
(Address) 401 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 4, 1933

19. UNDERTAKER George I Smith
(Address) 1532 W Baltimore

20. Huntington Williams M.D.
Registrar.

AUG 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2, 1933

22. I HEREBY CERTIFY That I attended deceased from February 27, 1933 to August 2, 1933
I last saw him alive on July 22, 1933 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	5 yrs.
Senility	1 yr.
Hypertension	2 yrs.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edwin B Jones M. D.

(Address) 115 E Eager St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92580

CERTIFICATE OF DEATH

82-001

E 92580

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S Calhoun St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ambrose Roper

(a) Residence: No. 224 S. Calhoun St St., ... Ward. 19-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Hester Roper

6. DATE OF BIRTH (month, day, year) June 16 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bal R Tube Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown W Va

FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Eddie Roper

(Address) 224 S Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8/4 1933

19. UNDERTAKER J M Cooke

(Address) 1219 E Fort Ave

20. FILED ..... 19..... Registrar.

Estelle Williams

AUG 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1 1927 to August 2 1933

I last saw h.. alive on August 2 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/1/33

Other contributory causes of importance:

Hemiplegia	6 yrs
Cerebral Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred Deane M. D.

(Address) 1000 West Bly

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 92581

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S Collington Ave St., Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H D Munter 1-01

(a) Residence: No. 109 S Collington Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Munter

6. DATE OF BIRTH (month, day, year) April 18 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lillie Munter

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 8/4 '33

19. UNDERTAKER Wm Gaul & Son

(Address) 1215 E Baltimore St

20. FILED AUG 3 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 8.30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Pulmonary Tuberculosis	

Name of operation Date of

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address) 1305 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92582

CERTIFICATE OF DEATH 131

E 92582

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Maryde Ave St., ... Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob J Harman 25-01

(a) Residence: No 600 Maryde Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret H Harman

6. DATE OF BIRTH (month, day, year) July 11 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Irma Long Co Md

FATHER

13. NAME Charles F. Harman

14. BIRTHPLACE (city or town) (State or country) Irma Long Co Md

MOTHER

15. MAIDEN NAME Emanuette Cheney

16. BIRTHPLACE (city or town) (State or country) Irma Long Co Md

17. INFORMANT Margaret Harman
(Address) 600 Maryde Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 8/5 1933

19. UNDERTAKER J H Cooley
(Address) 1219 E Fort Ave

20. FILED AUG 3 1933 Huntington Willis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30 1933 to Aug 2 1933

I last saw h.. alive on Aug 2 1933 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Indefinite

Other contributory causes of importance:

Hypertension - Uremia	
Myocardial disease	Indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas Cutler, M. D.

(Address) 132 E Eighth St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 3 1933

M. D. B. 1268-9

E 92583 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92583

2nd Penitentiary 34

CERTIFICATE OF DEATH

1. PLACE OF DEATH 954 Forest Street

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Hartman Collins 9-01

(a) Residence: No. 501 E 21st St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND (or) ~~WIFE~~ Bertha Kasselatis

6. DATE OF BIRTH (month, day, year) Aug 14 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank H. Collins

14. BIRTHPLACE (city or town) (State or country) Brooklyn N Y

MOTHER

15. MAIDEN NAME Margaret Rollo

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 8/4 1933

19. UNDERTAKER Wm Cooke

(Address) 1211 E Fayette St

Huntington Williams Registrar.

20. FILED AUG 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1933 to August 2 1933

I last saw h... alive on August 2 1933 Death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis - Sclerosis - Myocardial insufficiency	

Other contributory causes of importance:

Syphilis

Thrombosis of cerebral artery

Name of operation X Date of

What test confirmed diagnosis? W & R Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Thomas Jr M. D.

(Address) 201 W. Gilmor St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92584 E 92584

CERTIFICATE OF DEATH 191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Barnes 16-01

(a) Residence: No. 904 N Gilmor to Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Cora Barnes

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shredder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/4/33

19. UNDERTAKER Samuel Endlow
(Address) 916 Pa Ave

FILED 8/3/1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/31 1933 to 8/1 1933

I last saw him alive on 8/1 1933 Death is said to have occurred on the date stated above, at 7.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	1 day
Other contributory causes of importance:	

Name of operation ..... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Combustion of gasoline vapor & heat

(Signed) J. H. Gordon M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G3 - 1933

M. D. B. 1268-9

E 92585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92585

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mitchell Jones

(a) Residence: No. 217 Madison St., Ward. 11-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT See Ranked

(Address) 217 Madison Ave

18. BURIAL Interment Date Aug 3 1933

and buried in Mount Calvary Aug 4/33

19. UNDERTAKER

(Address) Huntington Williams MD

20. FILED Aug 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1933 to 8-2 1933

I last saw h[illegible] alive on 8-2 1933. Death is said to have occurred on the date stated above, at 2:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-29

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 3-1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92586 ✓ 55-005E 92586

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sadie Jenkins White 17-01

(a) Residence: No. 555 Okehud St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE: Years 48 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): No Record

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country): No Record

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mary Jones
(Address) c/o Undertaker

18. BURIAL, CREMATION, OR REMOVAL: Interred in Arlington
Place (Mortality) Date Aug 3, 1933
Joseph Lindy 615 E. Monument St.

19. UNDERTAKER [illegible]
(Address)

20. Filed Aug 3 1933 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1933 to 7-30, 1933

I last saw her alive on 7-30, 1933 Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decreasing Obstruction	

Other contributory causes of importance:

Metastatic neoplasm	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Harris M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1214

E 92587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Benton Hts. Ave., Rasp. St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Josephine Forrester Gatch

(a) Residence: No. Benton Hts. Ave., Rasp. St., 27th Ward. 27-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of Thomas Benton Gatch
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 13, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rasp.
(State or country) Baltimore Co., Md.

FATHER

13. NAME Joseph Forrester

14. BIRTHPLACE (city or town) Rasp.
(State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Elizabeth Ann Biddison

16. BIRTHPLACE (city or town) Rasp.
(State or country) Balto. Co., Md.

17. INFORMANT Mrs. Eleanor Gatch
(Address) Benton Hts. Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug. 5, 1933

19. UNDERTAKER Roland F. Cooley
(Address) 700 E. Northwood Ave. Baltimore, Md.

Registrar.

AUG 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1933, to Aug. 2, 1933

I last saw h.r alive on Aug. 2, 1933 Death is said to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Diffuse Nephritis	1923
Other contributory causes of importance:	
Arterio-sclerosis	1930
Chr. Arthritis	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Williamson, M. D.

(Address) Arris, Balto. Co., Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 92588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

E 92588

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~BALTIMORE, MD~~ ST. JOSEPH'S HOSPITAL St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Joseph C. Bell 9-01

(a) Residence: No. 644 East 36th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Mildred Bell

6. DATE OF BIRTH (month, day, year) May 7, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Provision Store,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co. Md.

FATHER

13. NAME Joseph W. Bell

14. BIRTHPLACE (city or town) (State or country) Emmeberg

MOTHER

15. MAIDEN NAME Annie Eichon

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Joseph W. Bell 644 E. 36 St.

18. BURIAL, CREMATION OR REMOVAL Place New Cathedral Date August 4, 1933

19. UNDERTAKER (Address) John A. Morgan 3500 E. Balto St. Huntington Williams, M.D.

20. FILED AUG 3-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933 to August 1, 1933

I last saw him alive on August 1, 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis (ruptured)	7-28-33
Peritonitis	

Other contributory causes of importance:

Tyaemia

Name of operation Appendectomy Date of 7-29-33

What test confirmed diagnosis? Operation Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. M. Wagnueller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92589 CERTIFICATE OF DEATH 34 E 92589

1. PLACE OF DEATH Baltimore City Hospitals Registered No. ...

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Myrtle Brown 17-01

(a) Residence: No. 237 N. Chester St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced H[illegible] (or) WIFE of Hezekiah Brown

6. DATE OF BIRTH (month, day, year) March 10, 1910

7. AGE: Years 23 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wade Boyd

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Waldorf, Md. Date Aug. 3, 1933

19. UNDERTAKER Joseph B. Cook (Address) 1003 W. Baltimore St.

20. FILED ..., 19... Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933 to Aug 3, 1933. I last saw her alive on Aug 2, 1933. Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Febrile Albuminuria

Date of onset June

Other contributory causes of importance:

Tuberculosis, Larynx, Fistula, intestinal, Broncho-pneumonia

Name of operation Exploratory laparotomy Date of 6/21/33

What test confirmed diagnosis? Clinical Was there an autopsy? No 6/22/33

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Martin L. Cannon, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

(Henry W. Keys) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

92590

CERTIFICATE OF DEATH 82-001 E 92590

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Pulaski St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Keys 14-01

(a) Residence: No. 627 Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Annie Keys

6. DATE OF BIRTH (month, day, year) 8/2/71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Keys

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Antwerp

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Keys

(Address) 627 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Memorial Date 8/5/33. 19

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED 8/3/33. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 11/27/33 to 8/1/33. 19.....

I last saw h... alive on 7/31/33. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/31/33
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. I. Levin M. D.

(Address) 627 Pulaski St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 63

M. D. B. 1268-9

(Mary Spriggs) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92591

CERTIFICATE OF DEATH 92-101

E 92591

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 D. Ave. St.,) Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary S Briggs - 11-01

(a) Residence: No. 711 D. Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Briggs

6. DATE OF BIRTH (month, day, year) Oct. 1, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Holland

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Nash

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT David Briggs

(Address) 711 D Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date 8/4/33 19

19. UNDERTAKER Mrs. Grace H. Holland

(Address) 16 W. David Hill

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/33

22. I HEREBY CERTIFY, That I attended deceased from 1931, 19 ..., to 8/2/33 19 .., last saw h. alive on 7/25/33 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
8 Mania Hrad	33
duration	
Mitral Regurgitation	
Tem	

Other contributory causes of importance:

Forward Decubitus

Attack 7/30/33

Senile Psychosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Lee Thomas, M. D.

(Address) 711 D Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 92592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 92592

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1710 Druid Hill ave ST. WARD) 14-01

2-FULL NAME Daniel Beall

(a) RESIDENCE NO 1710 Druid Hill ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Beall

6 DATE OF BIRTH (month, day, and year) Oct. 3 1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	10	00	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter .70

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lily

PARENTS

10 NAME OF FATHER Daniel Beall

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Annie Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Daisy Beall

(Address) 1710 Druid Hill ave

15 Filed 3 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1 1933

17

I HEREBY CERTIFY, That I attended deceased from July 20, 19 33, to Aug 1, 19 33

that I last saw h... alive on July 31, 19 33

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 6 mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H. Johnson M. D.

8/2/33 (Address) 1012 N. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 8/4/ 19 33

20 UNDERTAKER Wm. Geo. A. Holland ADDRESS 1601 Druid Hill

TION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

(Gnethlein)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92593

E 92593

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833 Indiana Ave., 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Gnethlein. 25-1

(a) RESIDENCE NO. 2833 Indiana Ave. 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced (or) WIFE of late John Gnethlein

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer —

9 BIRTHPLACE (city or town) Cincinnati Ohio
(State or country)

PARENTS

10 NAME OF FATHER Max Stebenfeldt

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Ackers.

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. Archibald McCauley

(Address) 2833 Indiana Ave.

Filed 8-3-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/2/33

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1933, to Aug 2, 1933, that I last saw her alive on Aug 2, 1933, and that death occurred, on the date stated above, at 11:15 P.m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis and Cystitis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hamman Wheeler M. D.

8/3, 1933 (Address) 2410 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Pk. Cemty DATE OF BURIAL Aug. 5 1933

20 UNDERTAKER Harry H. Mitzel, 4101 ADDRESS Edmondson Ave

Important. See instructions on back of certificates.

M. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92594 E 92594

CERTIFICATE OF DEATH

X 46

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green St., Ward)

Registered No. 4-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Casper Hoffman

(a) Residence: No. Charlotte Hall St., MD Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of ? Hoffman

6. DATE OF BIRTH (month, day, year) Aug. 24 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Laurence Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elmer R. Parlett

(Address) Mechanicsville Md

18. BURIAL, CREMATION, OR REMOVAL Oakfield Cemetery Date 8/4 1933

19. UNDERTAKER William Cook

(Address) 1262 St Paul

20. FILED AUG 3 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-26-33, 19 ... to 8-3-33, 19 ...

I last saw him alive on 8-3-33, 19 ... Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	

Other contributory causes of importance:

Cerebral embolus	

Name of operation Gastrostomy Date of 7-26

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. E. Savage M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92595

CERTIFICATE OF DEATH

X/37

E 92595

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., I Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

4-37

2. FULL NAME William Kelly

(a) Residence: No. Cockeysville St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anna Brooks

6. DATE OF BIRTH (month, day, year): June 27 1862

7. AGE: Years 71 | Months 1 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Co

FATHER

13. NAME: John P. Kelly

14. BIRTHPLACE (city or town) (State or country): Balto Co

MOTHER

15. MAIDEN NAME: Sarah Bosam

16. BIRTHPLACE (city or town) (State or country): Balto Co

17. INFORMANT: Anna Brooks

(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL: Place Black Rock Cemetery Date Aug 5 1933

19. UNDERTAKER: H. C. Brooks

(Address) Parks Md

20. FILED ..... 19..... Registrar.

AUG 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to August 3, 1933

I last saw him alive on August 3, 1933. Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	7/16/33

Other contributory causes of importance:

Name of operation: Resectoscopy Date of 7/24/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas Taylor M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92596

CERTIFICATE OF DEATH 93-003

E 92596

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1943 Penrose Ave. St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Schoeffner. 20-01

(a) Residence: No. 1943 Penrose Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry M. Schoeffner

6. DATE OF BIRTH (month, day, year) March 4-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Schmidt.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry M. Schoeffner Jr. (Address) 1943 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Western Cemetery Date Aug. 4- 1933.

19. UNDERTAKER Charles J. Schwab (Address) 505 N. Monroe St.

20. FILED G 3- 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to Aug 1, 1933

I last saw her alive on Aug 1, 1933 death is said to have occurred on the date stated above, at 10 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with decompensation.	Jan 1933
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Augustine J. Vondohlen M.D.
(Address) 4848 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92597 E 92597

CERTIFICATE OF DEATH

124-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Smith 20-01

(a) Residence: No. 2118 Pennsylvania Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Smith

6. DATE OF BIRTH (month, day, year) Sept. 16, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Aaron Steinbergen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Friedbergen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. J. Smith

(Address) 3309 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Adat Shalom Date Aug 4, 1933

19. UNDERTAKER Harid Sondheim & Son

(Address) 1202 Eutaw Place

Aug 3 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to Aug 3, 1933.

I last saw h.ed alive on August 3, 1933. Death is said to have occurred on the date stated above, at 4.28 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

Chronic Myocarditis
Bronchopneumonia
Uremia - Chr. nephritis -

Name of operation Lapar. Tomy Date of 7-18-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Cohen M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

92598 E 92598

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N. Milton Ave St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Hartwig 6-01

(a) Residence: No. 229 N Milton Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) July 33

11. Total time (years) spent in this occupation 7 Yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob Hartwig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Strobel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Hartwig
(Address) 229 N Milton

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 1 1933

19. UNDERTAKER Stephen Howard Dolan
(Address) 4nt S. Broadway

20. FILED AUG 3 - 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 1 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from May 2 1933 to AUG 1 1933 19 ...

I last saw h alive on July 31 1933 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1 yr
Other contributory causes of importance: Cerebral Hemorrhage	7 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward [illegible] M. D.

(Address) 418 N Washington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92599

CERTIFICATE OF DEATH

191

E 92599

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Linden Ave. St., Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Wallace Frush (Wallace) 11-01

(a) Residence: No. 1305 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Aubrey Carpenter

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry S. Frush

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hannah W. Snyder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John J. S. Frush

(Address) 3003 Poplar Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date 8/4/33 19

19. UNDERTAKER Wm. O. Mitchell & Sons.

(Address) 1900 Eutaw Place

20. FILED 8-3 1933 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Surgery 19 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration Sudden

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Polk Brown Coroner M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

926600 926600

CERTIFICATE OF DEATH

191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hilton Ave Liberty Heights Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide E. Lippincott 15-01

(a) Residence: No. Hilton Court Apts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19 1840

7. AGE Years 92 | Months 10 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Simmons

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia A Chapman

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Mrs. Mary Franke (Address) Hilton Court Apts

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park (Date) Aug 4 1933

19. UNDERTAKER Chas C. Mitchell & Son (Address) 1911 Eutaw Place

20. FILED AUG 3 1933 Thos. Emerson Williams M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1933. to Aug. 2nd, 1933.

I last saw her alive on Aug 2nd, 1933. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis (cerebral) and age	

Other contributory causes of importance:

The excessive heat

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry K. Hill M. D.

(Address) 3711 Liberty Heights Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92601

92601

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George C. Vickers 26-01

(a) Residence: No. 11 A Dundalk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of Feb 21 1932

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	17 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Rocco Victors

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Rutkowski

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rocco Victors

(Address) 11 A Dundalk.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hart Mary Date Aug 4 1933

19. UNDERTAKER Jos C Miller & Son

(Address) 2337 Eastern Ave

Filed Aug 3 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 2.50 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
accidental	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury Aug 1 1933

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 11 A Dundalk Ave

Manner of injury Fell down stairs

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. F. Weigand M. D. Coroner

(Address) 215 S Wolfe St

AUG 3-1933

M. D. B. 1268-9

E 92602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92602

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 170 N. Cross St. St., Ward)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter M. League.

(a) Residence: No. 124 E. Gittings St St., 24-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXX Blanche League.

6. DATE OF BIRTH (month, day, year) August 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Park Board.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin League.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Laura Wells.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Arthur League. (brother)
(Address) 1340 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cem. Date Aug 4 1933

19. UNDERTAKER J. J. Keane & Son
(Address) 703 Hanover St.

Filed AUG 4 - 1933 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the Heart.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto Reinhardt, M. D.
Coroner

8/2/33 (Address) 1017 E. Charles St.

M. D. B. 1268-0

E 92603 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92603

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH University Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Heying 25-01

(a) Residence: No. 3812 6th St. (Brooklyn) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or ~~WIFE of~~) Lelia M. Heying

6. DATE OF BIRTH (month, day, year) Aug. 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 076

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Wm. J. Heying

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Brenner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Heying (mother)
(Address) 3812 6th St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Aug 4 1933

19. UNDERTAKER F. H. Kramer & Son
(Address) 703 Hanover St.

20. FILED 19 Registrar.

G4-1333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1933, to 8-1, 1933

I last saw ~~him~~ alive on 8-1, 1933. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Stroke	8-1-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. E. Hull M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

92604

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 92604

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 624 W Lee St. ST., WARD) 624 W Lee St.

2—FULL NAME Hilda Louise Johnson

(a) RESIDENCE NO. 624 W Lee ST., 22-04 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Viola Harmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Viola Johnson

(Address) 624 W. Lee St

15 Filed AUG 4 - 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1933

17 I HEREBY CERTIFY, That I attended deceased from July 31 19 33, to Aug 2 19 33, that I last saw h[illegible] alive on Aug 2 19 33 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs

(Signed) W. Hampton, M. D.

19 (Address) 501 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Aug 4 19 33

20 UNDERTAKER James A Hayes

ADDRESS 142 Uhler St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92605 E 92605

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Oak ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Clegg

(a) RESIDENCE NO. 2105 Oak ST., 12-01 WARD Monam n6. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of — Walter Clegg

6 DATE OF BIRTH (month, day, and year) June 18 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Moncure North Carolina

PARENTS

10 NAME OF FATHER John Clegg

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Tate Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Bettie Jefferson

(Address) 2105 Oak St

15 Filed ..... 19 ..... Registrar .....

64 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 33

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1933 to Aug 1, 1933

that I last saw h[illegible] alive on July 31, 1933

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, & Metrial regurgitation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) B. N. Hatcher M. D.

8/2, 1933 (Address) 1225 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moncure North Carolina — DATE OF BURIAL 8/4 1933

20 UNDERTAKER Sam'l W. Evans & Son — ADDRESS 638 N. Gilmor

Spec.—2-29-28—L. P. S.—500 Blks.

E 92606 ✓ E 92606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 1526 Retreat ST., ... WARD)

2—FULL NAME Louisa Helen Nelker 13-01

(a) RESIDENCE NO. 1526 Retreat ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 8 mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Henry Nelker

6 DATE OF BIRTH (month, day, and year) Oct 4, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	89	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Chas. Greaseley

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Jacobina Kriel

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mr. Horace J. Nelker
(Address) 1526 Retreat St.

15 Filed AUG 4 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3, 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932, to Aug. 3, 1933

that I last saw her alive on Aug. 3, 1933

and that death occurred, on the date stated above, at 12:30 M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension, chronic nephritis (duration) ..... yrs. 9+ mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam. & urinalysis

(Signed) Fantus I. Bagby M. D.

, 19 (Address) 2229 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Aug 5 1933
20 UNDERTAKER Wm. J. Deckner & Sons	ADDRESS North & Pa

E 32607

M. D. F. 1933

E 32607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1849 N Collington Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick John Wilms

8-01

(a) Residence: No. 1849 N Collington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Wilms

6. DATE OF BIRTH (month, day, year) Oct. 9, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. W. District

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Herman F. Wilms

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Klaussner

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Elizabeth Wilms.

(Address) 1849 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Aug 4, 1933

19. UNDERTAKER Wm Fletcher Sons

(Address) Pratt & Pa Aves

20. FILED AUG 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/10/30 to 8/1/33

I last saw h— alive on 8/1/33 Death is said to have occurred on the date stated above, at 12.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	7/1/33
Cirrhosis of liver	33
Chronic nephritis	
Chronic myocarditis	prob
Other contributory causes of importance:	
Cardiac decompensation	8/1/33.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A Bandon M. D.

(Address) 1512 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92608

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., Ward)

(If death occucred in a hospital or institution, give its NAME instead of street and number.)

Length of cesidence in city oc town whece death occucced 60 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr. M. Des Gratias Dietz O. S. F. 9-01

(a) Residence: No. St Joseph's Hospital St., Ward.
(Usual place of abode) (If non-cesident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Marcied, Widowed, or Divorced (write the word)
Female	white	single

5a. If marcied, widowed, or divocced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26 1873

7. AGE Yeacs	Months	Days	If LESS than 1 day, hcs. oc min.
60	1	7	

OCCUPATION

8. Trade, profession, or particulac kind of work done, as spinnec, sawyer, bookkeeper, etc. Religious Nun

9. Industry oc business in which wock was done, as silk mill, saw mill, bank, etc. 063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles A. Dietz

14. BIRTHPLACE (city oc town) (State oc country) Germany

MOTHER

15. MAIDEN NAME Anna M. Elzer

16. BIRTHPLACE (city oc town) (State or country) Germany

17. INFORMANT Records of St. Joseph's Hosp
(Address) Caroline & Eden Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemy Date Aug. 5 1933

19. UNDERTAKER Henry Steck Sons
(Address) 301 E Eager St

20. FILED ..... 19..... Filed

G 4 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, yeac) August 3. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24 1931 to August 3 1933

I last saw her alive on August 3 1933 Death is said to have occucced on the date stated above, at 12 30 P. m.

The pcincipal cause of death and celated causes of importance were as follows:

	Date of onset
1. Anemia pernicious	?
2. Anemia pernicious hyper-plastic cardio-vascular disease	?
3. Congestive heart-failure	
Other contributory causes of importance:	
1. Ascites	

Name of opecation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to extecnal causes (violence) fill in also the following:
Accident, suicide, oc homicide? ..... Date of injury ..... 19.....

Whece did injury occur? .....
(Specify city oc town, county, and State)

Specify whethec injucy occucced in industry, in home, or in public place .....

Mannec of injury .....

Nature of injury .....

24. Was disease oc injucy in any way related to occupation of deceased?
If so, specify .....

(Signed) Sr M Wenneller M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 92609

92609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1704 John ST., WARD) 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Day

(a) RESIDENCE NO 1704 John ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Day.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House keeper
(b) General nature of industry business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Miles Philburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary A.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Albert Philburn

(Address) 1502 Vernon Street

15 Filed Aug 4 1933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/2 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Galvular disease of Heart

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] (Crouer) M. D.

19 (Address) 1632 Orland Ln

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Aug. 5 1933

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North Ave.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92610

92610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Blazek 24-01

(a) Residence: No. 109 E Fort Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Blazek

6. DATE OF BIRTH (month, day, year) May 17-79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Box Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Blazek

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Buddy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Blazek

(Address) 109 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Hill Date 8/6 1933

19. UNDERTAKER J. Fenton McCully

(Address) 130 Fort Ave. Baltimore, Md.

FILED AUG 4 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26th 1933 to August 2nd 1933

I last saw h.im. alive on August 2nd 1933 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	7-26-33
Other contributory causes of importance:	
Bronchopneumonia	8-1-33
Meningitis	7-31-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrason L. Keown M. D.

(Address) University Hospital

Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92611

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 W 24th St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence R Benson 12-01

(a) Residence: No. 405 W 24 St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of / WIFE of The late Grace Benson

6. DATE OF BIRTH (month, day, year): April 29/1880

7. AGE: Years 53. Months 3 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist 051

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore City

FATHER

13. NAME: William F Benson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Florida Hartley

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs Benson (Address) 405 W 24 St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Pk Date Aug 4, 1933

19. UNDERTAKER: ME Gosnell (Address) 541 W 32nd St

20. FILED: Aug 4 1933 21. Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932 to Aug 2, 1933 that I last saw h[illegible] alive on Aug 2, 1933 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis 1 wk	

Other contributory causes of importance:

Chronic Nephritis 4 yrs

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Schmidt M. D.

(Address) 1126 N. Collington Ave

OCCUPATION is very important. See instructions on back of certificate. Last statement of

G4-1933

M. D. B. 1268-0

92612 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92612

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Conkling St. Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Blazek 71 y 0 m 1 d

(a) Residence: No. 818 Conkling St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. M. Blazek

6. DATE OF BIRTH (month, day, year): Dec. 18. 1861

7. AGE: Years 71 | Months 7 | Days 14 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia.

FATHER

13. NAME: Geo. Blazek
14. BIRTHPLACE (city or town) (State or country): Bohemia.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Bohemia.

17. INFORMANT: Mary Stoul
(Address) 823 N. Fiske St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Aug. 5, 1933

19. UNDERTAKER: Margaret J. Flynn
(Address) 2107 N. Gilmor St.

20. FILED 19 Registrar.

64-1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from January, 19 34 to August 7, 1933

I last saw h alive on August 7, 19 33 Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular renal disease with Hypertension	
a) Acute Cardiac Dilatation	
b) Acute Pulmonary Edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Turner, M. D.

8/7/33 (Address) Medical Arts Bldg

M. D. B 1268-9

✓ E 92613

92613 275246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH * 178-002

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harlan Hahn 7-01

(a) Residence: No. Westminster Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-13-13

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Operation)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Norval Hahn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Myers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Aug 6 1933

19. UNDERTAKER Stonesifer & Son

(Address) Westminster Md

FILED Aug 4 1933, 19.. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933 to Aug 4, 1933

I last saw him alive on Aug 4, 1933. Death is said to have occurred on the date stated above, at 12:20 Am.

The principal cause of death and related causes of importance were as follows:

Direct cause of death anaesthesia (Avertin) — Date of onset Aug 3d

Other contributory causes of importance:

Epilepsy idiopathic
Volvulus of intestines

Name of operation For volvulus Date of Aug 3d

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-2

E 92614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Travers 25-01

(a) Residence: No. Cabin Branch Curtis Bay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Travers

14. BIRTHPLACE (city or town) (State or country) Balto, md

MOTHER

15. MAIDEN NAME Susanne Peters

16. BIRTHPLACE (city or town) (State or country) Balto, md

17. INFORMANT mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Hill Date Aug 5, 1933

19. UNDERTAKER J. Few McCulley
(Address) 130 E Fort Ave

20. FILED AUG 4 1933, 19... Huntington Wilkinson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1933 to Aug. 3, 1933

I last saw ~~him~~ alive on Aug. 3, 1933 Death is said to have occurred on the date stated above, at 10.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	July 28
Fermentative Diarrhea	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Gudmundsen M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92615 ✓ E 92615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Bell 19-01

(a) Residence: No. 1312 Kuper St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dick Bell (dead)

6. DATE OF BIRTH (month, day, year) Dec. 22 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yugoslavia

FATHER

13. NAME Peter ?

14. BIRTHPLACE (city or town) (State or country) Yugoslavia

MOTHER

15. MAIDEN NAME Maria Nichols

16. BIRTHPLACE (city or town) (State or country) Yugoslavia

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 5th 1933

19. UNDERTAKER A. Jones (Address) 111 S. Gilmor St

AUG 4 - 1933 19 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 1933 to Aug 3 1933

That I saw her alive on Aug 3 1933 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Lymphangitis c Hemiplegia (Rt.) c Lobular Pneumonia	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Hagel M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-0

E 92616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92616

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hosp St., ... Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Robinson 16-01

(a) Residence: No. 1724 Pusher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 12, 1870?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63?	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond (State or country) Va

FATHER

13. NAME Wm Robinson

14. BIRTHPLACE (city or town) ..... (State or country) Va

MOTHER

15. MAIDEN NAME Susana Epps

16. BIRTHPLACE (city or town) ..... (State or country) Va

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 8/4, 1933

19. UNDERTAKER [redacted] Jos. W. Greenwood (Address) 638 E. Fairmount

AUG 4 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to July 1, 1933

I last saw him alive on July 1, 1933 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?8
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of ..... Yes

What test confirmed diagnosis? ..... Was there an autopsy? ..... No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. E. Mozzie M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92617

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Holmes

17-01

(a) Residence: No. 1065 Myrtle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Alberta Holmes

6. DATE OF BIRTH (month, day, year) Mar. 15 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Holmes

14. BIRTHPLACE (city or town) (State or country) Essex ?

MOTHER

15. MAIDEN NAME Rachael Thomas

16. BIRTHPLACE (city or town) (State or country) Essex ?

17. INFORMANT Record

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/5 1933

19. UNDERTAKER Jas. L. Chase & Son

(Address) 638 N. Calvert

Filed ..... 19 ..... Huntington Williams Registrar.

UC4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24 1933 to Aug 3 1933

I last saw living on Aug 3 1933 Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Atherosclerosis	?
Cerebral hemorrhage	3 days
Bronchopneumonia	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Magill, M. D.

(Address) Balt City Hosp

M. D. F. 1268-9

E 92618

E 92618 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-002

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Seiler 20-01

(a) Residence: No. 2508 N. Hammond Lane St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 28th 1920

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	12	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christian L Seiler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Cora L Haubitz

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Christian Seiler

(Address) 2508 N. Hammond Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 8/5/ 1933

19. UNDERTAKER John F Cowan & Son

(Address) 1600 Baltimore St.

AUG 4 - 1933 19... Huntingdon Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-29- 1933 to 8-3- 1933

I last saw him alive on 8-3 1933. Death is said to have occurred on the date stated above, at 4 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis of left side.	

Other contributory causes of importance:

Brain Abscess

Name of operation Mastoidectomy left side Date of 8/2/33

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George Govatos M. D.

(Address) St Agnes Hospital

M. D. B. [illegible] E 92619

692619.

HEALTH DEPARTMENT—CITY OF BALTIMORE 61926

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 191 Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Irene Slemaker 12-01

(a) Residence: No. 433 W 24th St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/31/32

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
0	11	21	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph L. Slemaker

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Hughes

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Joseph L Slemaker
(Address) 433 W. 24th St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Date Aug 4 1933

19. UNDERTAKER Genevieve B Lee
(Address) 3614 Chestnut Ave

20. FILED 4 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 5 8-2-33, 19 to 8 25 PM 8/2 19 33

I last saw her alive on 8/2/33, 19 Death is said to have occurred on the date stated above, at 8 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperpyrexia	38 hrs
Convulsions	38 hrs

Other contributory causes of importance:

Congenital Abnormality

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard Krause, M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92620

CERTIFICATE OF DEATH

108

Registered No. 24601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat St., (Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 0 ds. How long in U. S. if of foreign birth? 40 yrs. 3 mos. 3 ds.

2. FULL NAME Nesbihal, Amelia (Sister Thomasita)

(a) Residence: No. Mt Hope St., Ward. Caldwell NJ

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 165

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

FATHER

13. NAME John Nesbihal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Schmidtmeister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Mt Hope (Address) City

18. BURIAL, CREMATION, OR REMOVAL

Place Caldwell NJ Date Aug 4 1933

19. UNDERTAKER Hawkins Hoskins Co

(Address) Los Angeles Cal

Hunter's Point Cemetery

20. [illegible] 1933 [illegible] Registrar.

4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1930 to Aug 4, 1933

I last saw h[illegible] alive on Aug 3 1933 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Hypertension	3 mos
Acute Bright Disease	1½ yrs
Endocarditis	
Chronic Interstitial Nephritis	3 yr.
Other contributory causes of importance:	4 days
Lobar pneumonia, Right Lung	
Hemorrhage Rectal, Paroxysmal	7 years
Hypertension	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Bonelli M. D.

(Address) 33 Methodist Church

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92621

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH Provident Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Park Drive St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Barnes

(a) Residence: No. 502 Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cig

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) [illegible]
(State or country) Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mary Wilkerson
(Address) 502 Barre St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Aug 5 1933

19. UNDERTAKER Joseph A Lively
(Address) 1911 Mount St

20. FILED ..... 19..... Registrar.

No. 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1933 to 8-1 1933

I last saw h[illegible] alive on 8-1 1933. Death is said to have occurred on the date stated above, at 1:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	7-27

Other contributory causes of importance:
Hypertension Arteriosclerosis Renal Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. T. Lewis M. D.

(Address) Provident Hosp

M. D. B. 1263-9

E 92622

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92622

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Grantley St., Ward) 81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Bowden 16-01

(a) Residence: No. 610 Grantley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Albert H. Bowden

6. DATE OF BIRTH (month, day, year): Dec 16 1852

7. AGE: Years 80 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salsbury Md.

FATHER

13. NAME: Henry Dennis

14. BIRTHPLACE (city or town) (State or country): Crisfield Md.

MOTHER

15. MAIDEN NAME: Mary E. Dennis

16. BIRTHPLACE (city or town) (State or country): New Hope Md.

17. INFORMANT: Cora V. Bowden

(Address) 610 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park cem Date Aug 1933

19. UNDERTAKER: Geo W Little

(Address) 760 E Lanvale St

Huntingtown Williams N.H.

20. Filed 4-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

AUG 3 1933

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from May 3 1933 to May 3 1933

I last saw her alive on May 3 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach — Date of onset May 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy none

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X If so, specify X

(Signed) C Van Williams M. D.

(Address) 3200 Edgewood Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

E 92623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92623

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6207 GreenSpring Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie R. Smith

27-01

(a) Residence: No. 6207 Greenspring Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carlton U. Smith

6. DATE OF BIRTH (month, day, year) Jan. 14, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Thomas R. Bentley

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Powers

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Harry B. Smith

(Address) 6207 GreenSpring Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 5, 1933

19. UNDERTAKER Robt L. Little

(Address) 2700 Edmondson Ave.

4-1933 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7 19 33 to Aug 3 1933 19 ...

I last saw h[illegible] alive on Aug 2 1933 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr
Intussusception	
Nephritis	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John H. Evans, M. D.

(Address) 612 W 40

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 92624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 92624 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Edmondson Ave., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Rose Little 16-01

(a) Residence: No. 2700 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Little

6. DATE OF BIRTH (month, day, year): Mar. 3- 1861

7. AGE: Years 72 | Months 6 5 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore maryland

FATHER

13. NAME: Joshua S. Gregory

14. BIRTHPLACE (city or town) (State or country): Balto. maryland

MOTHER

15. MAIDEN NAME: Julia A Grimm

16. BIRTHPLACE (city or town) (State or country): Winchester Virginia

17. INFORMANT: Geo. W. Little

(Address) 2700 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk. Cem. Date: Aug 7 . 1933

19. UNDERTAKER: Harry W. Ehlen

(Address) 1944 W North ave.

20. FILED: Aug 4- 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4- 1933 to Aug 3- 1933

I last saw alive on Aug 3- 1933 Death is said to have occurred on the date stated above, at 5-07 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1930
Cerebral Hemorrhage	May 1- 1933
Other contributory causes of importance:	
Chr. Myocarditis	1930

Name of operation — Date of —

What test confirmed diagnosis? Typical & Clinical Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92625 ✓ 131 E 92625

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 551 Eaton Ave St., ... Ward)

Length of residence in city or town where death occurred 43 yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Madden 20 01

(a) Residence: No. 551 Eaton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sergeant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Army 26

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John E. Madden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Doran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT U.S. Vaughn Wife
(Address) 551 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 5 1933

19. UNDERTAKER Joseph Kelly
(Address) 1023 N Eden St

4-1933 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Aug 2 1933

I last saw him alive on Aug 1 1933. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Encephalitis (Further) Date of onset
about 4 or 5 yrs ago.
Paralysis Legs
Bedridden Catheter
Nephritis

Other contributory causes of importance: Pulmonary Edema

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mabel O Pettigrew M. D.

(Address) 2151 Eutaw Ave

M. D. B. 1268-9

E 92626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92626

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md Gen Hospital 186-001 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Dickens 23-01

(a) Residence: No. 16 N Eagle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Dickens

6. DATE OF BIRTH (month, day, year) April 10 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	22 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Robert

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sidney S Sears

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary A Hatfield

(Address) 1727 Olivet St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 5, 1933

19. UNDERTAKER John F Denny

(Address) 715 Lisburn St

8-4-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-12-33, 19.. to 8-2-33, 19.. I last saw her alive on 8-1-33, 19.. Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture - neck left femur — Date of onset 5-1-33

Other contributory causes of importance:

Chronic Myocarditis — Date of onset 2-1-33

Name of operation None Date of

What was confirmed diagnosis? Yes Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92627

CERTIFICATE OF DEATH

V 48 E 92627

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen'l Hospital St., Ward)

Length of residence in city or town where death occurred 10 yrs mos da How long in U.S. if of foreign birth? 10 yrs mos da

2. FULL NAME Hannah Smith 24-01

(a) Residence: No. 1449 Towson St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day.. hrs or min.
51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Not known

11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (city or town) (State or country) Liverpool England

FATHER

13. NAME Robert,

14. BIRTHPLACE (city or town) (State or country) Wales England

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cortonne Date 8/7 1933

19. UNDERTAKER Wm Cole & Son
(Address) 1217 St Paul St

19a. Filed 4-1933 Eugene Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1933, to Aug 4 1933

I last saw her alive on Aug. 4 1933 death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	2 yrs.
Myocardial Failure	3 hrs.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Hist. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Stein, M. D.

(Address) South Balto. Gen. Hosp.

M. D. B. 1268-0

92628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92628

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1524 Fulton Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Mae Lewis 27-01

(a) Residence: No. 1524 Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Kenneth Lewis

14. BIRTHPLACE (city or town) (State or country) Louisville Ky

MOTHER

15. MAIDEN NAME Lillian Hunter

16. BIRTHPLACE (city or town) (State or country) Catonsville Md

17. INFORMANT Husband Kenneth Lewis
(Address) 3105 Overlea Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 5 1933

19. UNDERTAKER Wm. J. Lee & Son
(Address) 1314 E. Monument

Aug 3 1933 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to Aug 3 1933

I last saw her alive on Aug 2 1933 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4-1-33

Other contributory causes of importance: History of Scarlet Fever South 1933

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. K. Gordy M. D.

(Address) Hoyns Pk & Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92629 — 131 E 92629

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Fredrick Ave ST.; ..... WARD) 19-0

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Agustus Spelshouse

(Residence in Baltimore: No. 1621 Fredrick ave St.: 83 yrs. 4 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 8th (Day), 1850 (Year)

7-AGE, 83 yrs. 4 mos. 25 ds. (24)

If ~~LESS than 1 day~~, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant. 045
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Catonville Balto Co Md

PARENTS.

10-NAME OF FATHER. Agustus Spelshouse

11-BIRTHPLACE OF FATHER (State or Country). Bremen Germany

12-MAIDEN NAME OF MOTHER Elise Verkoff

13-BIRTHPLACE OF MOTHER (State or Country). Bremen Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L L Spelshouse

(Address) 1931 N Saratoga St

15- Filed 4-1933, 191.... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) Leaond (Day), 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1933, to August 2nd 1933, that I saw him alive on August 1st 1933, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

(Apoplexy)

Died immediately.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Chronic Nephritis

(Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Robt. G. L. Cunningham M. D.

Aug. 3rd, 1933 (Address) 11 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, 8/5/33

20-UNDERTAKER H M Cook — ADDRESS 1217 Park Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 B 92630

92630

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Helmling. 9-01

(a) Residence: No. 2824 Alameda Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Helmling.

6. DATE OF BIRTH (month, day, year) July 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John Peter Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Rachael Kreamer.

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Bertha Att. Mrs. (Address) 2824 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 8/5 1933

19. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

4 AUG 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/11 1933 to 8/2 1933

I last saw her alive on 8/2 1933 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Ht. disease	?
Bronchopneumonia	12 hrs
Myocardial failure	?

Other contributory causes of importance:

Senile degeneration	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

E 92631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92631

CERTIFICATE OF DEATH

+V 51

Registered No. 12-91 12-95

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-91 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 30 ds. How long in U. S. if of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME Elias Alvin Lloyd

(a) Residence: No. Wood Lane St., Pa. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Cora

6. DATE OF BIRTH (month, day, year) Feb-18-1874

7. AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
59	5 6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 5-1-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Robt Lloyd

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anna Dunlap

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Cora Lloyd (Address) Woodbine Pa

18. BURIAL, CREMATION, OR REMOVAL Place Catonsville Pa Date Aug 7 1933

19. UNDERTAKER H. H. Hobbs (Address) Ijamsville Md

20. FILED Aug 7 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to Aug 4 1933

I last saw him alive on Aug 4th 1933. Death is said to have occurred on the date stated above, at 1220 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative shock	

Other contributory causes of importance:

Carcinoma of Prostate

Name of operation Transpubic prostatectomy Date of Aug 2

What test confirmed diagnosis? Aut Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C C Johnston M. D.

(Address) W M H. Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92632

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vincent Pacholeki 1-01

(a) Residence: No. 1226 S Ellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 4/3/89

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Frame maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Pacholeki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug 5, 1933

19. UNDERTAKER Fred Zagurski & Sons
(Address) 960 Fulton Ave

4-1933 Huntington Hts. Boro, N.Y. Registered No. RW2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Aug 2, 1933

I last saw her alive on Aug 2, 1933 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Acute Cardiac Failure + Dilatation~~	July 23
Auricular Fibrillation	
Rheumatic Heart Disease.	22 years
Mitral insufficiency	

Other contributory causes of importance:
Auricular fibrillation

Name of operation ..... Date of .....

What test confirmed diagnosis? X Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92633

CERTIFICATE OF DEATH

E 92633

93883

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S. Eden St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Theresa De Amico 3-01

(a) Residence: No. 415 S. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benedetto De Amico

6. DATE OF BIRTH (month, day, year) Jan 6 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Rattini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Benedetto De Amico

(Address) 415 S. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug 5 1933

19. UNDERTAKER Martin H. Gelbert Inc

(Address) 21 Penna Ave.

20. Huntington Williams, Registrar.

4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to Aug. 3, 1933

I last saw her alive on Aug. 2, 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Grasso M. D.

(Address) 514 Drury Lane

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92631 58

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 35 E 92631

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Kolark 1-01

(a) Residence: No. 218 S Duncan St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): 9-23-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Albert Lautner

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lula Kraft

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Aug 4, 1933

19. UNDERTAKER Kendall & Hudgins

(Address) 300 E Lanvale St

Huntington Matheuse, Registrar.

20. FILED AUG 4 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24 1933 to Aug 3, 1933

I last saw her alive on Aug 3, 1933 Death is said to have occurred on the date stated above, at 1 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction, post-operative. Peritonitis, fecic.	7-28-33

Other contributory causes of importance:

Salpingitis, chronic, bilateral

Name of operation { Salpingectomy, bilateral; ventrifixation Colpo-suspension, uteri; appendectomy } Date of 7-26-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos. H. Brawner Jr M. D.

(Address) Johns Hopkins Hospital

OBSERVATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92635 V 186 E 92635

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth H. Lawrence. 23-01

(a) Residence: No. 1008 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 30, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lee Lawrence.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Marie Roycroft.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Lee Lawrence. (father)
(Address) 1008 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Farmer Date Aug 7. 1923

19. UNDERTAKER Morton E. Dyer and Bro.
(Address) 37 E. Baltimore St.

20. FILED 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.55 p.m.

The principal cause of death and related causes of importance were as follows:

Deep lacerations of the left thigh and leg. Shock.
Occidental fall through a glass sky-light.

Date of onset

Other contributory causes of importance:

Name of operation Yes. Date of 8/2/33

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Occident. Date of injury 8/2/33 19...

Where did injury occur? 7 E. Hamburg St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 7 E. Hamburg St.

Manner of injury Fall through sky-light

Nature of injury Deep lacerations of thigh.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Blumenstein M. D. Coroner

8/4/33 (Address) 1017 E. Charles St.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92636

CERTIFICATE OF DEATH

191 E 92636

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 14-01 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward L Silghman

1a) Residence: No. 1529 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna -

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 35 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Silghman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Agnes Md

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lena Silghman
(Address) 529 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Natural Cemetery Date Aug 7th, 1933

19. UNDERTAKER Archibald L Gaddis
(Address) 2117 W Baltimore St

20. FILED ... Registrar.

AUG 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration — Sudden — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H Leith Coroner, M. D.

(Address) Coroner

M. D. B. 1268-9

E 92637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Hanover Ward)

Length of residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary G. Bowen 9-01

(a) Residence: No. 601 Gorsuch Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Bowen

6. DATE OF BIRTH (month, day, year) March 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William J. Gill

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Matilda Whitaker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles L. Bowen
(Address) 601 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Date 8/5 1933

19. UNDERTAKER W. M. Cook
(Address) 1217 St. Paul St.

20. FILED 8 8 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31st 1933 to Aug 3rd 1933

last saw her alive on Aug 2nd 1933 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/31/33

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation None Date of

What tumor was found? Cervical Cyst Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. W. Thompson M. D.

(Address) 461 E. 25th St.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92638

HEALTH DEPARTMENT—CITY OF BALTIMORE

J M Hoad 529 Wash Blvd

E 92638

CERTIFICATE OF DEATH

52

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1259 Carroll St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Westphal 21-01

(a) Residence: No. 1259 Carroll St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Minnie

6. DATE OF BIRTH (month, day, year) June 25-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coppersmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Walter Westphal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Carrie Hodges

(Address) 1259 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date Aug 7 . 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 8-7-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 . 1933. to Aug 4 . 1933.

I last saw h~~im~~ alive on Aug 2 . 1933. Death is said to have occurred on the date stated above, at 9-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach wall	

Other contributory causes of importance:

Metastasis in Lungs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Morley Hoad M. D.

(Address) 529 Wash. Blvd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

326639 — E 326639 — 193-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Ametta A. Jones 27-01

(a) Residence: No. 4626 Elsrode Ave (St.) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of: Wm E. Jones

6. DATE OF BIRTH (month, day, year): Nov 8 ? ? 1889

7. AGE: Years 47 | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

FATHER

13. NAME: William Bell

14. BIRTHPLACE (city or town) (State or country): Norfolk Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Vivian E. Jones

(Address) 2122 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 7 33

19. UNDERTAKER: Wilkerson Cook

(Address) 1217 St Paul St

20. FILED Aug 5 1933, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Virginia

Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation: Regular — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. E. Funk M. D.

Coroner

(Address)

M. B. B. 1268-a

92640

E 92640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Leroy Poole 13-01

(a) Residence: No. 3416 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, (Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline Poole,

6. DATE OF BIRTH (month, day, year) May 17, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME William E. Poole

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Stanley Lantz

(Address) 3416 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Pisgah Date Aug 5, 1933

19. UNDERTAKER Shenoweth & Son

(Address) 3400 Pennsylvania Ave

AUG 5 1933

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Paralysis of Heart. | Date of onset

Other contributory causes of importance:

Struck over Heart with Baseball bat.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 2, 1933

Where did injury occur? Roosevelt Park.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Mossman Coroner, M. D.

(Address) 702 Colonial

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92641

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Calhoun St., Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U.S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Helen Boardley 15-01

(a) Residence: No. 1323 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Taylor Boardley

6. DATE OF BIRTH (month, day, year) Aug 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. married 1930

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Jones

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Bertha Norman

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Bertha Locker
(Address) 1323 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place mt Auburn Date Aug 5 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman st

20. AUG 5 - 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3/1933

22. I HEREBY CERTIFY, That I attended deceased from 6/1/33, to 8/3/33

I last saw her alive on 8/3/33, death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

M. D. B. 1268-9

E 92642

92642

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., ... Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

13-01

2. FULL NAME Julia Jones

(a) Residence: No. 2672 David Keel Ave St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Jones (Divorced)

6. DATE OF BIRTH (month, day, year) July 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Shenandoah Valley Va

MOTHER

15. MAIDEN NAME Martha Robinson

16. BIRTHPLACE (city or town) (State or country) Fountain Md

17. INFORMANT Friends (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Aug 7, 1933

19. UNDERTAKER Thomas E Kelly (Address) 1563 Pennsylvania Ave

AUG 5 - 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to Aug 3, 1933

I last saw h[illegible] alive on Aug 3, 1933. Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracerebral Hemorrhage	?
Chronic nephritis	1 yr ?
Congestive Failure	1 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. Pinagel, M. D.

(Address) Balt. City Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

E 92643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92643

CERTIFICATE OF DEATH

93003

REGISTERED NO.

1—PLACE OF DEATH 5010 Walther Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2—FULL NAME Alfred Brenton

(a) RESIDENCE NO. 5010 Walther Ave. 27-01 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 2 mos. + ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Brenton

6 DATE OF BIRTH (month, day, and year) May 31, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Brenton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Addie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant B. T. Baggott

(Address) 2229 Fontaine Place

15 AUG 5 - 1933 Huntington Hubeau Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to August 4, 1933

that I last saw him alive on August 4, 1933

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, Cerebral Haemorrhage (duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. examin

(Signed) Dantus I. Baggott, M. D.

, 19 (Address) 2229 Fontaine Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL Aug. 7 1933

UNDERTAKER Mrs. John W. Teufel & Son

ADDRESS 801 W. Fayette St

M. D. B. 1268-9

E 92644

92644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Eutaw Place St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny V. Rosenthal 13-01

(a) Residence: No. 2311 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Rosenthal

6. DATE OF BIRTH (month, day, year) Oct 14 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Isaac Hecht

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Esther Bergman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT M. G. Rosenthal

(Address) 2311 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Chas Shalom Date Aug 6th 1933

19. UNDERTAKER Harry Goldenberg Son

(Address) 1902 Eutaw Place

20. FILED AUG 5 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1931 to Aug 4 1933

I last saw h[illegible] alive on Aug 4 1933 Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Carcinoma of Peritoneum	11/27/32
Other contributory causes of importance: Carcinoma of Ovary	
Name of operation Exploratory Celiotomy Date of Jan 32	
What test confirmed diagnosis? Path Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Adler Goldenberg M. D.

(Address) 2311 Eutaw Pl.

M. D. B. 1268-9

92645

92645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E Albert

(a) Residence: No. 1818 E 28th St St., 9-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	29	14 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Albert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Minnie Blessing

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT George Albert

(Address) 1818 E 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 5, 1933

19. UNDERTAKER John Ulrich

(Address) 2018 Dalrymple

20. FILED AUG 5 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—

I last saw h— alive on ——, 19— Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fracture of Cervical Vertebrae	
accidental	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 7/31, 1933

Where did injury occur? Back River Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Diving into shallow water

Nature of injury Fracture Neck

24. Was disease or injury in any way related to occupation of deceased?
—n If so, specify No

(Signed) [illegible] M. D.
Coroner

(Address) 130-31 Patterson Park

M. D. B. 1268-9

E 92646

HEALTH DEPARTMENT—CITY OF BALTIMORE

2646

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Hogan

(a) Residence: No. 610 N. Dallas St., 7-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Eugene Shelly

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends

(Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 5 1933

19. UNDERTAKER Robert E. Williams

(Address) 1515 Pennsylvania Ave

AUG 5 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1931 to Aug 2 1933

I last saw her alive on Aug 2 1933 Death is said to have occurred on the date stated above, at 4¾ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Hypostasis	
Chronic Myocarditis	
Terminal Syncope	6 mos

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T Phagan M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92647

CERTIFICATE OF DEATH

2225 92 Lung. 107-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John R. Trent 7-01

(a) Residence: No. 1 Riverside Road St., Essex Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louise Trent

6. DATE OF BIRTH (month, day, year) Dec. 13, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander Trent

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Lavin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date Aug. 7, 1933

19. UNDERTAKER John F. Denny (Address) 715 Light St

AUG 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 4, 33, 19

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933 to Aug 4, 1933

I last saw h[illegible] alive on Aug 4, 1933 Death is said to have occurred on the date stated above, at [illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	1932
Other contributory causes of importance: Bronchopneumonia, post operative	Aug. 1, 33

Name of operation Ileostomy Date of July 22, 33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alexander Preston M. D.

(Address) John Hopkins Hospital Baltimore

E 32648

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92648 ✓ 131

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Hughes 26-01

(a) Residence: No. 312 S. Bacon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William Hughes

6. DATE OF BIRTH (month, day, year) Apr 2, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John H. Bandy.

14. BIRTHPLACE (city or town) Hungary (State or country)

MOTHER

15. MAIDEN NAME Barbara Vokolek

16. BIRTHPLACE (city or town) Bohemia (State or country)

17. INFORMANT Relative (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Aug. 7, 1933

19. UNDERTAKER Lilly & Geiler Inc. (Address) 405 S. Wolfe St.

Huntington Howard 3?

(Date) AUG 5 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933 to Aug 3, 1933

I last saw her alive on Aug 3, 1933 Death is said to have occurred on the date stated above, at 6.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	2 yrs?
Nephritis, interstitial	2 mo?
Uremia	1 wk

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magill M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

E 92649

92649 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., Ward)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN T. LAMBDIN. 26-01

(a) Residence: No. 633 S. Rappolla St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Mar. 17 1917.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	20 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James H. Lambdin

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie M. Rauber

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James H. Lambdin (Father)
(Address) 633 S. Rappolla St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 7 . 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 4038 Eastern Ave. Baltimore, Md.

Aug 5 - 1933

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 1015a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Malnutrition	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. P. Bergamo M. D.
Coroner

(Address) 1305 N. Pulaski St. Balto

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92650

E 92650

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Ct. Sisters of Poor St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Krueger 10-01

(a) RESIDENCE NO. Little Sisters of the Poor 1300 Gilroy St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 5th March 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd jobs

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Krueger

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Emma Klein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Superior (Address) Little Sisters of the Poor, 1300 Gilroy St.

15 Filed AUG 5 - 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 Aug, 1933

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to Aug 3, 1933, that I last saw h[illegible] alive on Aug 3, 1933, and that death occurred, on the date stated above, at 12:00 p. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) ? yrs. ? mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No

What test confirmed diagnosis! Clinical

(Signed) [illegible], M. D.

Aug 4, 1933 (Address) 1114 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Date of Burial Aug 9 1933

ADDRESS Rita Widdefield 914 Fremont Ave

Spec.—1-10-21—MAT—1500 Blks.

E 92651 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92651

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1607 Lemmon ST., WARD) 19-07

2-FULL NAME Letitia Brandon

(a) RESIDENCE NO. 1607 Lemmon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: John Brandon

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 62; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Worley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mattie Brown (Address) 1607 Lemmon St

15 Filed AUG 3-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 1933

17 I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Aug 3 1933.

that I last saw her alive on Aug 3 1933.

and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. mos 6 hrs

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) M. D. Woodside M. D.

8/4 1933 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk

DATE OF BURIAL 8/5/33

20 UNDERTAKER: Geo H Lembert

ADDRESS 11 Fayette

TION is very important. See instructions on back of certificates.

92652

HEALTH DEPARTMENT—CITY OF BALTIMORE

92652

CERTIFICATE OF DEATH

191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Bond St., Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas H. Hursey 7-01

(a) Residence: No. 802 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ossie

6. DATE OF BIRTH (month, day, year): Sept 6-1873

7. AGE: Years 39 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0?0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm H. Hursey

14. BIRTHPLACE (city or town) (State or country): Cambridge Md

MOTHER

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (city or town) (State or country): Kinsey Md

17. INFORMANT: Ossie Hursey
(Address): 802 N. Bond

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Cem Date: Aug 7th 1933

19. UNDERTAKER: Bryon Francis & Wright
(Address): 1218 Mc Elderry St

AUG 5 1933 Health Department Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw alive on Augus 3 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration Sudden — Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leith Coroner M. D.

(Address)

M. D. B. 1268-0

E 92653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92653

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Munroe Street, 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert L. Stewart

(a) Residence: No. 1141 Munroe Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) July 30, 1933

7. AGE	Years	Months	Days 7	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Stewart

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Marion Russell

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Marion Stewart

(Address) 1141 Munroe Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 5, 1933

19. UNDERTAKER C. Howard Evans

(Address) 32 E. Fort Ave

20. FILED ... 19... ... Registrar.

AUG 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1933 to Aug. 5, 1933

I last saw him alive on Aug 4 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Congenital Debility

Date of onset

Other contributory causes of importance:

Premature Birth

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Campbell M. D.

8/3/33 (Address) 1644 Hanover St

CAUTION—IT IS VERY IMPORTANT THAT ALL ITEMS BE ANSWERED. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

92654

E 92654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Westwood Ave. St., 15-al Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Katherine M. Harrigan

(a) Residence: No. 1824 Westwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Harrigan

6. DATE OF BIRTH (month, day, year) July 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	67	0	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Wm. J. Dingrich

(Address) 1824 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 7, 1933

19. UNDERTAKER Martin Dalton & Sons

(Address) 1527 N. Paca St.

20. FILED Aug 7 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 29 1933 19.. to Aug 5th 1933

I last saw her alive on Aug. 4 1933 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus and Inability to take Nourishment. 5 days — Date of onset

Other contributory causes of importance: Chronic Nephritis 10 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Smith M. D.

(Address) 1100 N. Wolfe St.

M. D. B. 1268-B

E 92655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

E 92655

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 36-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle L Gilbert

(a) Residence: No. 4 N Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anthony Gilbert

6. DATE OF BIRTH (month, day, year) June 30 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U S A

FATHER

13. NAME Jack Ireland

14. BIRTHPLACE (city or town) (State or country) U S A

MOTHER

15. MAIDEN NAME Rachel Carrington

16. BIRTHPLACE (city or town) (State or country) U S A

17. INFORMANT Anthony Gilbert

(Address) 4 N Highland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cedarlawn Date 8/5, 1933

19. UNDERTAKER H R Kirk & Sons

(Address) 1217 E Fayette St

20. FILED AUG 5 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia from Infection of Eye	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 30, 1933

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 4 N Highland Ave

Manner of injury Striking against splinter

Nature of injury Infection

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1300 Hull St

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92656

CERTIFICATE OF DEATH

E 92656

Registered No. 7749

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Edith Mitchell

(a) Residence: No. Manokin, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Alex. Mitchell

6. DATE OF BIRTH (month, day, year) Sept 23 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Manokin, Md., Manokin, Md.

FATHER

13. NAME Richard Conoway

14. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER

15. MAIDEN NAME Anne E. Scott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Wm B. Landrum M.D. - Chief of Staff Church Home & Infirmary, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Balto Co. Date Aug 7 1933

19. UNDERTAKER W. C. Brooks (Address) Baltimore Md

20. FILED AUG 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22nd 1933 to August 5 1933

I last saw her alive on August 4 1933. Death is said to have occurred on the date stated above, at 5:50 A.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma (fungoated nodes) Uterus — Date of onset March 1933

Other contributory causes of importance:

Nausea and vomiting — 4 weeks

Excision of tumor of glands

Name of operation ... Date of June 1933

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) David K. Andrews, M. D.

(Address) Church Home & Infirmary.

M. D. B. 1268-9

92657

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92657

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N. Regester St. 8-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah E. O'Donnell

(a) Residence: No. 1510 N. Regester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of the Late John D. O'Donnell

6. DATE OF BIRTH (month, day, year) May 6 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm. Geister

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Elizabeth Finkleman

(Address) 1502 N. Regester St

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Cemetery Date Aug 7, 1933

19. UNDERTAKER Henry Heck Sons, Inc

(Address) 1301 E Eager St

20. FILED Aug 8 1933 Harry [illegible] Registrar.

E - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932 to Aug 8, 1933

I last saw her alive on Aug 8, 1933. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jacob Frohn M. D.

(Address) 1820 N. Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92658

CERTIFICATE OF DEATH

50 E 92658

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3808 Bonner Rd. (Ward) 45-01

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna L. Schneider

(a) Residence: No. 3808 Bonner Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of G. E. Schneider

6. DATE OF BIRTH (month, day, year) March 3, 876

7. AGE — Years: 57 — Months: 5 — Days: 2 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Phila. Penna.

FATHER

13. NAME Joseph C. B. Gilmore

14. BIRTHPLACE (city or town) (State or country) Port Deposit Md.

MOTHER

15. MAIDEN NAME Rebecca Harris

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT G. E. Schneider

(Address) 3808 Bonner Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Lodge Date Aug 8 1933

19. UNDERTAKER Robt J. Little

(Address) 2706 Eutaw Pl

Huntingdon Indiana

Registrar.

FILED Aug 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to Aug 5, 1933

I last saw her alive on Aug 5, 1933 Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Right Breast	1926
Generalized Carcinomatosis	1933
Cellulitis Rt. Arm and left breast extending down rt. side of body	Aug 3, 33

Other contributory causes of importance:

Name of operation Rt. Mastectomy Date of 1926

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wesley Edel M. D.

(Address) 3806 Garrison Blvd

M. D. B. 1268-9

E 92659

HEALTH DEPARTMENT—CITY OF BALTIMORE

92659

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH Lyderham Hospital

CITY OF BALTIMORE: (No. 25-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Olup (Masonville city)

(a) Residence: No. 3319 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 3, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Andrew Olup

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Father

(Address) 3319 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 8-5 1933

19. UNDERTAKER J. M. Frisby

(Address) 2211 Gardner St

20. FILED 8-5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1933 to Aug 4 1933

I last saw him alive on Aug 4 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Bronchopneumonia	July 31

Other contributory causes of importance:

Dehydration	?

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lachman M. D.

(Address) Lyderham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92660

E 92660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24 Gal

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Moran.

(a) Residence: No. Kennwood & Elinor Ave. St., Ward. Overlea

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX HUSBAND of XXXXXXXXX Theresa Moran.

6. DATE OF BIRTH (month, day, year) September 2, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Elizabeth Kraeger.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Theresa Moran.(wife)

(Address) Kennwood Ave.& Elinor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 7, 1933

19. UNDERTAKER J.A. Kramer Son

(Address) [illegible]

20. FILED [illegible] Registrar. 8/4/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/3/33 19

Where did injury occur? in industry. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Foot of Light St.

Manner of injury Batt from a torch.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) [illegible] Coroner . M. D.

8/4/33 (Address) 1017 S. Charles St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 32661 — 95 E 32661 — Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen Sorrell

(a) Residence: No. 522 Somerset St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Bertie

6. DATE OF BIRTH (month, day, year) 9-14-91

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md

FATHER

13. NAME — Phillip Sorrell

14. BIRTHPLACE (city or town) (State or country) — Md

MOTHER

15. MAIDEN NAME — Frances Queen

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT — Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 6th 1933

19. UNDERTAKER — Mrs Robt A. Elliott

(Address) 1129 N. Caroline St.

Huntington Williams, Reg'r. Registrar.

D. B. 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1933, to Aug 3, 1933

I last saw him alive on Aug 3, 1933 Death is said to have occurred on the date stated above, at 6.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Hypertension	

Other contributory causes of importance:

~~Nephritis~~	
Acute pulmonary edema	

Name of operation 0 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92662

CERTIFICATE OF DEATH

115E 92662

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Perry

(a) Residence: No. 1608 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 8-6, 1933

19. UNDERTAKER Jos. G. Lochner & Sons

(Address) 1312 Jefferson St

8-6-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. Berger M. D. Coroner

(Address) 1305 E Fallsway

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92663

CERTIFICATE OF DEATH

E 92663

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 10 yrs. mos. ds.

2. FULL NAME Celia Offit

(a) Residence: No. 3223 Vickers Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel W. Offit

6. DATE OF BIRTH (month, day, year): 1898

7. AGE: Years 35 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isaac Blacker

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Herring Boys Date 8/6/33 19

19. UNDERTAKER: Auth Louis Inc
(Address) 1434 E. Baltimore St

20. FILED 19 Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4/33 19

22. I HEREBY CERTIFY, That I attended deceased from July 30 1933 to Aug 4 1933

I last saw h[illegible] alive on Aug 4 1933 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 3
Other contributory causes of importance:	
Cholelithiasis	1931 ?
Cholecystitis	July 28
Surgical Shock	Aug 3 33

Name of operation cholecystectomy Date of Aug 4 33

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) I Katzenstein M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92664 E 92664

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 7-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John F. Zang

(a) Residence: No. 4320 Old York Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John F. Zang (deceased.)

6. DATE OF BIRTH (month, day, year) July 13, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Produce 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Zang (?)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Burkert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Aug 8, 1933

19. UNDERTAKER Elmer W. Conklin
(Address) 524 E. Eager St.

20. FILED ... 19... ...
Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933 to Aug 5, 1933.
I last saw him alive on Aug. 5, 1933 Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Large mesenteric haematoma (duodenal)	?
Pneumonia, broncho-	

Other contributory causes of importance:

Arteriosclerosis · hyper- tension	Aug 5
L of haematoma	

Name of operation Laparotomy - evacuation of Date Aug 4

What test confirmed diagnosis? Op. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Jul 27 1933

Where did injury occur? Univ. P'k'way Balto.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Accidental, but had had

Nature of injury symptoms long before.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McC Lawahorn M. D.

(Address) 108 S. 33rd St Balto

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92665 E 92665

CERTIFICATE OF DEATH

127 Registered No.

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 28-01 Ward

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella Bockel

(a) Residence: No. 5119 Liberty Heights Ave., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexander F. Bockel

6. DATE OF BIRTH (month, day, year) Jan 26, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County, Md.

FATHER

13. NAME William Humbert

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella Rohrbaugh

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Aug 7 1933

19. UNDERTAKER Harry A. Dinsmore & Son
(Address) 4704 Edgewood Ave

6-1933 Huntington, Indiana, [illegible] Number.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26- 1933 to 8-4 1933

I last saw her alive on 8-4 1933 Death is said to have occurred on the date stated above, at 8:14 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis (purulent)	7-21-33
Fecal peritonitis	7-22-33
Abscess of abdominal wall	7-21-33

Other contributory causes of importance:

Name of operation Appendectomy Date of 7-26-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Coleman M. D.

(Address) 1800 N. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92666

CERTIFICATE OF DEATH

23E 92666

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 13-61

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. — mos. 22 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alva C. Madairy

(a) Residence: No. 3462 Seneca st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Madairy

6. DATE OF BIRTH (month, day, year) July 11, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Vernon Woolen Mills

10. Date decedent last worked at this occupation (month, day, year) about 1926

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Albert C. Madairy

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Wilhelm

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Marys Hampden Date Aug. 7, 1933

19. UNDERTAKER Horace F. Burrage

(Address) 3651 Falls Road

20. FILED Huntington Williams Registrar

AUG 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932 to August 3, 1933

I last saw him alive on August 3, 1933 Death is said to have occurred on the date stated above, at 8.12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1925

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92667

CERTIFICATE OF DEATH

E 92667

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3555 Keswick Road St., 13-01 92 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Andrew Schminke

(a) Residence: No. 3555 Keswick Road St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nora A. Schminke

6. DATE OF BIRTH (month, day, year) June 13, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	I	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. & Pa. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Elizabeth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Nora A. Schminke
(Address) 3555 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date August 8, 19 33

19. UNDERTAKER Horace P. Dursee
(Address) 3631 Falls Road

20. FILED Aug 6 1933 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Tabetes
Disease Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) John L. Thompson M. D.
Coroner

(Address) 3632 Roland

M. D. B. 1268-9

92668

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92668

CERTIFICATE OF DEATH

27-0194-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Keswick Road St., 27 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James McDonnell Price

(a) Residence: No. 4302 Keswick Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Shryock

6. DATE OF BIRTH (month, day, year) Sept. 7, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Winfield S. Price

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth McDonnell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Amelia S. Price
(Address) 4302 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug. 7, 19 33

19. UNDERTAKER Chas O. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1932 to Aug 4 1933

I last saw him alive on June 1 1933. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 4
Arterial Sclerosis	

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Pearce M. D.

(Address) 205 Calvert St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92669 E 92669

CERTIFICATE OF DEATH

Registered No. 24-01183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Booze Ship yard.

CITY OF BALTIMORE: (No. Ft. of Warren Ave. St. 24 Ward)

Length of residence in city or town where death occurred 11 yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Hunt Jr.

(a) Residence: No. 1409 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 4, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William S. Hunt Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Clara M. Berger.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Clara M. Hunt. (mother)
(Address) 1409 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8/8 1933

19. UNDERTAKER Margaret E. Flynn
(Address) 1423 Eutaw Pl.

20. FILED AUG 6 1933 Huntington Woodward, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows: Drowning — Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/5/33. 19
Where did injury occur? Ft. of Warren Ave. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Ball overboard.
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. Reinhard, Coroner. M. D.
8/5/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92670

CERTIFICATE OF DEATH

E 92670

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N. Eden St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Riordan

(a) Residence: No. 1513 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8. 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Riordan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Kehoe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss E. Agatha Riordan
(Address) 1513 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Catherine Cem. Date August 7 1933

19. UNDERTAKER John O. Mitchell & Sons.
(Address) 1911 Eutaw Place

20. FILED Aug 7 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Aug 4 1933
I last saw her alive on Aug 4 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. W. Dorsey, M. D.

(Address) 1212 N. Druid Hill Ave

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92671

CERTIFICATE OF DEATH

9-3-807

/E 92671

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hosp. St. 22-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olivia Schofield (Evans)

(a) Residence: No. 416 Eilsen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1862?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Otto Schofield

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Records

(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date Aug 7th 1933

19. UNDERTAKER Byron Thomas & Wright

(Address) 1218 McElderry St

20. FILED 8-9-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to Aug 3, 1933

last saw h alive on Aug 3, 1933 Death is said to have occurred on the date stated above, at 12.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia Heart Disease	?
b Hypostasis	?
c Senility	
d Congestive Failure	6 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. Phagell, M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92672

CERTIFICATE OF DEATH

E 92672

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 17-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Charles Schaaf.

(a) Residence: No. 9 N. Rolling Rd. Catonsville, Md. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (XXXXXXX) Anna Schaaf.

6. DATE OF BIRTH (month, day, year) January 14, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired butcher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Charles Schaaf.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Anna Schaaf. (wife)
(Address) 9 N. Rolling Rd. Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 7, 1933

19. UNDERTAKER F. B. Kepler & Son
(Address) 1300 Eutaw Place

Huntington, Williams, M.D. Registrar.

FILED 8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 9 Rolling Rd Catonsville, Md.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert Reinhardt M. D.
Coroner

8/4/33 (Address) 1047 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92673 E 92673

CERTIFICATE OF DEATH

Registered No. 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Caroline St., 7-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara A. Addison

(a) Residence: No. 523 N Caroline St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced (or) WIFE of Nathan Addison

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary Co Md

FATHER

13. NAME Wm. Lee

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margarite Williams (daughter)
(Address) 523 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Washington NC Date Aug 6, 1933

19. UNDERTAKER H. M. Fraser & Son
(Address) 638 N. Gilmor

20. [illegible] Registrar.

6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933 to Aug 5, 1933.
I last saw h[illegible] alive on Aug 5, 1933. Death is said to have occurred on the date stated above at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	14 yr.
& complete Anuria.	
Other contributory causes of importance: Uremic Delirium, Paralysis of Extensor Muscles, and also Hemiplegia	July 28 1933

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R J Young M. D.

(Address) 1424 E Baltimore St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92674

REGISTERED NO. 94 E 92674

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 517 (Street) Longwood ST (Ward) 20-01

2-FULL NAME Joseph B Harkins

(a) RESIDENCE No. 517 Longwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Paper Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Allentown Pa.

PARENTS

10 NAME OF FATHER Joseph T Harkins

11 BIRTHPLACE OF FATHER (city or town) Belleview (State or country) Canada

12 MAIDEN NAME OF MOTHER Anna E Spencer

13 BIRTHPLACE OF MOTHER (city or town) Allentown (State or country) Penna

14 Informant Howard E Harkins
(Address) Trenton N J

15 Filed ..... 192 ... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross

(Signed) H. Holbrook Hollick M. D.
Coroner
Aug 6 1933 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Aug 7 1933

20 UNDERTAKER Chas J Torsch

ADDRESS 2704 Edmondson Ave

Aug 5 1933

M. D. B. 1268-0

✓ E 92675

HEALTH DEPARTMENT—CITY OF BALTIMORE

92675

CERTIFICATE OF DEATH X 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp (Ward) 16-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Herman Sattler

(a) Residence: No. 1407 Hendrix St Ave Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 21 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugs

10. Date deceased last worked at this occupation (month and year) Aug 1st 1932

11. Total time (years) spent in this occupation 59 yrs

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Adolph Sattler

14. BIRTHPLACE (city or town) (State or country) Berlin Germany

MOTHER

15. MAIDEN NAME Anna M Stein

16. BIRTHPLACE (city or town) (State or country) Berlin Germany

17. INFORMANT Mrs. W. A. Sattler

(Address) 1117 Tayon St Lynchburg Va

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg Va Date Aug 6th 1933

19. UNDERTAKER Charles P Tourbell

(Address) 2104 Edmondson Ave.

20. FILED AUG 5. 1933 Huntington Williams Clerk

RRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5-33 19

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to August 5 1933

Last saw h.. alive on August 5 1933 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia — Date of onset 8/4/33

Other contributory causes of importance:

Uremia — 8-4-33

Hypostatic pneumonia — 8-4-33

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ... Florida

M. D. B. 1268-9

E 92676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92676

CERTIFICATE OF DEATH

V93004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. St. 4-01 Ward)

Length of residence in city or town where death occurred ~~46~~ Life yrs. ~~---~~ mos. ~~---~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Burch.

(a) Residence: No. Do not know. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~XXXXXXXXXXX~~ HUSBAND of ~~XXXXXXXX~~ Louise Burch.

6. DATE OF BIRTH (month, day, year) May 1, 1892 ~~Xxxxxxxxx~~.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~46~~ 41	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ex Motorman 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Ry. & E. Co.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Arthur M. Burch.

14. BIRTHPLACE (city or town) (State or country) London, England.

MOTHER

15. MAIDEN NAME Sarah Boyd.

16. BIRTHPLACE (city or town) (State or country) London England.

17. INFORMANT Mrs. Helen ~~Xxxxx. Xxxxxxxx~~ Chicoyne
(Address) 1019 N. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Aug. 7, 1933

19. UNDERTAKER Joseph Rook
(Address) 1003 W. Baltimore St.

20. FILED Aug 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ~~Xxxxxxxxx~~ 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If ~~Xxxxxxx~~

(Signed) Otto Reinhardt Coroner, M. D.

8/5/33 (Address) 1017 N. Charles St.

prec.—1-30—M. & T.—250 Bks

E 92677

92677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

52

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 816 Eutaw Pl ST. 7-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Thomas Kent

(a) RESIDENCE NO. 816 Eutaw Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Married

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Rudulph C. Kent

DATE OF BIRTH (month, day, and year) 12-15-1868

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	64	7	18 19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 50

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Union W. Va.

10 NAME OF FATHER John Kent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Union W. Va.

12 MAIDEN NAME OF MOTHER ? Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Union W. Va.

Informant Rudolph C. Kent (Address) 816 Eutaw Pl

Filed ... 1933 ... 19 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3, 1933

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Aug 3, 1933.

that I last saw him alive on Aug 3, 1933.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debilitation

of Acute (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) William L. Montgomery, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Aug 7th 1933

20 UNDERTAKER Medairy & Riddle

ADDRESS 20 W. Cullison

M. D. B. 1268-9

E 92678

92678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 28-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Ryon

(a) Residence: No. 615 [redacted] Brookwood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE / Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Ryon

6. DATE OF BIRTH (month, day, year): Dec 1, 1878

7. AGE: Years 55 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Lynchburg, Va.

FATHER

13. NAME: Thornton Ryon

14. BIRTHPLACE (city or town) (State or country): Lexington Virginia

MOTHER

15. MAIDEN NAME: Lulu Daniels

16. BIRTHPLACE (city or town) (State or country): Lexington, Va.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug 8, 1933

19. UNDERTAKER: Geo L Berger & Co

(Address) 15 E Fallis St

FILED AUG 7 - 1933 Huntington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933 to August 5, 1933

I last saw ... alive on Aug. 5, 1933 Death is said to have occurred on the date stated above at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis femoral artery - Right	7/29/33
Other contributory causes of importance: Gangrene, Lower Leg, Right	8/1/33
	Chr

Name of operation: Amputation, Leg Date of: 8/4/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Martin L. Cannon, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-D

92679

HEALTH DEPARTMENT—CITY OF BALTIMORE

92679

CERTIFICATE OF DEATH

X v 48

1. PLACE OF DEATH Hospital for the Women of Maryland

CITY OF BALTIMORE: (No. ..... St., 14 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 dys. How long in U. S. If of foreign birth 68 yrs. 3 mos. 8 dys.

2. FULL NAME Mrs Ellen T. Hughes

(a) Residence: No. 1509 Park Ave St., Ward West Pittston Penna.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Charles Hughes

6. DATE OF BIRTH (month, day, year) April-29-1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 yrs	3	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) New York New York

FATHER

13. NAME Edw. Treadaine

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Miss Teare

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT W. T. Hughes

(Address) Pittston Pa.

18. BURIAL, CREMATION, OR REMOVAL Place W. Pittston Pa Date Aug-8 1933

19. UNDERTAKER Stewart Mooney

(Address) 1201 Hunting Ave Baltimore Md

AUG 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to Aug 6 1933

I last saw her alive on Aug 6 1933 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	6/1/33
Post Operative Shock	

Other contributory causes of importance:

Name of operation Abdominal Panhysterectomy Date of 8/5/33

What test confirmed diagnosis Yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Beverley C. Compton M. D.

(Address) Woman's Hosp

M. D. B. 1268-9

2680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92680

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale.

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27-21 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Rosa Sachs

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: ~~Female~~ 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Moses L.

6. DATE OF BIRTH (month, day, year) 1863

7. AGE: Years 70 | Months | Days | If less than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Upholstering

10. Date deceased last worked at this occupation (month and year)

11. How long time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Fensbeck (Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rodale Date 7-7-33 19

19. UNDERTAKER Jack Levy Inc (Address) 1439 E. Baltimore St.

20. FILED 7-7-1933 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1933 to 8-6 1933

I last saw h.. alive on 8-6 1933 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-4-33
Arteriosclerosis	
Chr. card. valvular disease	
Hypertension	
Auricular fibrillation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Levindale

E 32681

STATE OF MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County City 40 years Registration Dist. No. V 82-001

Village or City (No. 3800 Cottage Ave. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Rachael Schneider.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Maimed

6 DATE OF BIRTH: July 1st, 1874 (Month) (Day) (Year)

7 AGE: 59 yrs 1 mos 5 ds. If LESS than 1 day, hrs. OR min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Ellis L—
11 BIRTHPLACE OF FATHER (State or country): Russia
12 MAIDEN NAME OF MOTHER: Lena —
13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herman Schneider Husband
(Address) 3800 Cottage Ave,

15 AUG 7 - 1933 Huntington Williams, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 6th, 1933 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to Aug 6th, 1933 that I last saw her alive on Aug 6th, 1933 and that death occurred on the date stated above, at 12.50 p.m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) yrs. 10 mos. ds.

Contributory Secondary: Apoplexy Cerebral

(Duration) yrs. mos. 3 ds.

(Signed) Samuel Heinberg, M. D.
Aug 6th, 1933 (Address) 3735 Old Hylan Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 8-7- 1933

20 UNDERTAKER: Jack Keirs Inc. ADDRESS: 1439 E Dale St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

M. D. B. 1268-9

92682

E 92682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., Ward) 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 19 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary L. Wetzel

(a) Residence: No. Emmitsburg, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Records

(Address) St Agnes Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg Date Aug 8 1933

19. UNDERTAKER H. F. Clyff Jr.

(Address) Emmitsburg Md

20. FILED Aug 7 1933 Hunting for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17 1933 to August 6 1933

I last saw her alive on August 6 1933 Death is said to have occurred on the date stated above, at 8 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Toxemia - Failure - Acute	

Other contributory causes of importance:

Cholelithiasis

Cholecystitis

Name of operation Cholecystectomy Date of 7/25/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Lovato M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

92683 E 92683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H Weldon

(a) Residence: No. 4310 Old York Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Florence I. Thorn.

6. DATE OF BIRTH (month, day, year) 7-16-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Peter Weldon.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary S. Lawson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. F. Weldon.

(Address) 4310 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 8/7 19 33

19. UNDERTAKER J. Frew McCarthy

(Address) 330 E Fort. Av.

FILED 19 ..... [illegible]

AUG 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-33 19

22. I HEREBY CERTIFY, That I attended deceased from 7-26-33 19 to 8-4-33 19

I last saw h[illegible] alive on 8-4-33 19 Death is said to have occurred on the date stated above, at 11.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	7-24-33
Peritonitis	7-28-33
Adynamic Ileus.	7-29-33

Other contributory causes of importance:

Name of operation Gastrostomy Date of 7-26-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S Edmund [illegible] M. D.

(Address) Mercy Hosp.

M. D. B. 1268-9

E 92684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92684

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Ellamont St., 15-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Rufus Iglehart

(a) Residence: No. 2113 Ellamont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary S Iglehart

6. DATE OF BIRTH (month, day, year) May 21 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~65~~	65	2	1614	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 12 yrs

10. Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Rufus Iglehart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Phelps

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary S Iglehart

(Address) 2113 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 8 1933

19. UNDERTAKER Wm J Tucker & Sons

(Address) North and Pa Ave

FILED AUG 7 - 1933

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 23 1933 to Aug 5 1933

I last saw h.im alive on Aug. 5 1933 Death is said to have occurred on the date stated above, at 315a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	1930
Angina Pectoris	1933
Coronary Occlusion	

Other contributory causes of importance:

Senility

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) J. Wesley Edel M. D.

(Address) 2806 Garrison Blvd

M. D. B. 1268-9

92685 1-33 E 92685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92685

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital (St.) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Schultz

(a) Residence: No. 2025 N. Washington Ave (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dennis Schultz

6. DATE OF BIRTH (month, day, year) 7/20/1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Schultz

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Silghman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John John Schultz Jr

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Holy Redeemer Cem Date Aug 9 1933

19. UNDERTAKER August [redacted]

(Address) 24[redacted] Washington Blvd

20. FILED AUG 9 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-3-33 19... to 8-6-33 19... I last saw h... alive on 8-6-33 19... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
	0
Other contributory causes of importance:	
(1) Tuberculous Laryngitis	?
	0
(2) Enterocolitis	?
	0

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Bmagel M. D.

(Address) Balto City Hosp

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32686 V 186 E 32686

1. PLACE OF DEATH Union Hospital

CITY OF BALTIMORE: (No. ..... St. 18-01 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Fitzgerald

(a) Residence: No. # 331 So Poppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 17th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0 70

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Conroy
(Address) 921 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8/9/ 1933

19. UNDERTAKER John F Conrad & Son
(Address) 961 Hollins St

20. FILED AUG 7 - 1933 19 ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to August 6 1933

I last saw her alive on August 6 1933 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

Fracture of neck of left femur

Date of onset .....

Other contributory causes of importance:

Intracranial hemorrhage (?)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. C. Hull M. D.

(Address) University Hospital

AaCo. 5-31 2508

92687 E 92687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S. Fulton Ave St. 19-01 Ward)

Length of residence in city or town where death occurred 49 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Schrodetzki

(a) Residence: No. 216 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Schrodetzki

6. DATE OF BIRTH (month, day, year) January 8-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	26	7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truman B. T. & R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Schrodetzki

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Celz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wilhemina Schrodetzki
(Address) 216 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 7 1933

19. UNDERTAKER George L. Schmidt
(Address) Huntington Milwaukee, N.Y.

20. FILED Aug 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932 to Aug 4 1933 last saw him alive on Aug 4 1933 death is said to have occurred on the date stated above, at 4 40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic myocarditis	June 1932
Chronic nephritis	" 1932

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Scagnetti M. D.

(Address) 1729 W Lombard St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92688

CERTIFICATE OF DEATH

E 92688

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH — Pronounced dead at

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred 43 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah F. Michael.

(a) Residence: No. 439 S. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — WIFE of Charles J. Michael.

6. DATE OF BIRTH (month, day, year) August 10, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Mercer.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Sauer.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles J. Michael. (husband)
(Address) 439 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. (Date Aug. 8, 1933)

19. UNDERTAKER Harry H. Whitsbe
(Address) 4101 E. Monument Ave.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stone Reinhardt Coroner M. D.

8/5/33 (Address) 1017 E. Charles St.

Spec.—1-12-33—M&T—500 Blks.

Tyler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92689

CERTIFICATE OF DEATH.

E 92689

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2408 Pace (St.) 25-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Tyler

(a) RESIDENCE NO. 2408 Pace ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Tyler

6 DATE OF BIRTH (month, day, and year): Dec 18/1873

7 AGE: Years 60 Months 7 Days 17/16

If LESS than 1 day, hrs. or min. ...

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Ida Graham

(Address) 2708 Pace St

15 Filed ... 1933 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov ..., 1932, to Aug 4, 1933,

that I last saw her alive on Aug 4, 1933,

and that death occurred, on the date stated above, at 1245 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Partial paralysis

(duration) no yrs. 9 mos ... ds.

CONTRIBUTORY (Secondary): Uremic Coma

(duration) no yrs. no mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Uremia

(Signed) R J Gleaves, M. D.

Aug 6 1933 Address 2708 Pace St Aug Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Aug 7 1933

20 UNDERTAKER: Mrs Kate R. Williams

ADDRESS 3221 N. Schroder

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92690 — 24E 92690

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital St. 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Lee McCart

(a) Residence: No. 1824 N. Bethel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James H McCart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary A Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Veronica Saunders
(Address) 1811 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Aug 8 . 1933

19. UNDERTAKER Sidney Hecht Sons Inc.
(Address) 1301 E Eager St

20. FILED Aug 8 1933 . 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7:30 p m

The principal cause of death and related causes of importance were as follows:

Tuberculosis Meningitis — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Edwards M. D. Coroner

(Address) 305 N Patterson Park Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92691

CERTIFICATE OF DEATH

47 E 92691

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Enroute John Hopkins Hosp St., 9-01 (Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie A. Roe

(a) Residence: No. 1308 Norton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Roe

6. DATE OF BIRTH (month, day, year) Dec 15 1853

7. AGE: Years 79 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Patrick Coyne
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Ann Burn
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Marion Rudd
(Address) 1320 Norton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Cem Date Aug 9, 1933

19. UNDERTAKER Henry Breck & Sons Inc
(Address) 1301 E Eager St

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933 to Aug 6, 1933. I last saw h alive on Aug 3, 1933. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage — Sudden — Date of onset

Other contributory causes of importance: Due to tumor of Lung of Pituitary body

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Lynch, M. D.
Coroner

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

926692 | E 926692 | 133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4912 Curtis Ave, St. 25-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Anton Chovanec

(a) Residence: No. 4912 Curtis Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Josephine Chovanec.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Moravia.

MOTHER FATHER

13. NAME Anton Chovanec.

14. BIRTHPLACE (city or town) (State or country) Morovia.

15. MAIDEN NAME Johanna Mondrik.

16. BIRTHPLACE (city or town) (State or country) Morovia.

17. INFORMANT Josephine Chovanec. (wife)
(Address) 4912 Curtis Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 8, 1933

19. UNDERTAKER Frank Boreston
(Address) 1906 Allendale Ave

20. FILED 8-7-1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 1933 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . Death is said I last saw h alive on , 19 to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Organic disease of the heart and kidneys.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Chovanec Husband M. D.
Coroner

8/5/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92693 E 92693

CERTIFICATE OF DEATH

137 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Joseph J. Pazourek

(a) Residence: No. 25-10 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) April 9. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph E Pazourek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Catherine Honek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mt Hope Retreat (Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Aug 8, 1933

19. UNDERTAKER Frank Brachlow (Address) 1906 Gilmor

20. FILED 1933 Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to Aug 5, 1933

I last saw him alive on Aug 5, 1933 Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Toxic	June 7
Arteriosclerosis	
Chr Parenchymatous Nephritis	

Other contributory causes of importance:

Psychosis with Arterio-Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Phy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William G Hill, M. D.

(Address) Mt Hope Retreat.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

32694

CERTIFICATE OF DEATH

E 32694

161-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Cantwell

(a) Residence: No. 1824 Hennsman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John E Cantwell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes M. Schuebel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Agnes Cantwell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med College Date ..... 19....

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21/33 19

22. I HEREBY CERTIFY, That I attended deceased from 7/21/33 19.... to 7/21/33 19....

I last saw her alive on 7/21/33 19.... Death is said to have occurred on the date stated above, at 2 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
intrauterine asphyxia	7/21/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
no If so, specify .....

(Signed) Howell T. Lloyd, M. D.

(Address) Johns Hopkins Hospital

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92695

CERTIFICATE OF DEATH

159 E 92695

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 930 Harrison St (Ward) 9 930 Harrison St 21-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Carroll

(a) RESIDENCE NO. 930 Harrison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year)

8 AGE Years Months Days 36 hrs. If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Neal Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Margaret McCarthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

Informant

(Address)

Filed 7-1933 19 0714 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5/33

17 I HEREBY CERTIFY, That I attended deceased from Aug 4 1933 to Aug 5 1933

that I last saw h[illegible] alive on Aug 5 1933

and that death occurred, on the date stated above, at 1.30 A M

The CAUSE OF DEATH* was as follows:

Prenature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Stumpfins M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Univ of Md

DATE OF BURIAL Aug 7 1933

20 UNDERTAKER

ADDRESS

Commissioner of Health.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92696

CERTIFICATE OF DEATH

93E 92696

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 W Rogers Av St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie J. Carlson

(a) Residence: No. 2502 Rogers Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow wife of Wolf Carlson

6. DATE OF BIRTH (month, day, year) Dec. 26 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
70	8 7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Isaac Raffel

14. BIRTHPLACE (city or town) Europe
(State or country)

MOTHER

15. MAIDEN NAME Gertrude Samuels

16. BIRTHPLACE (city or town) Lancaster
(State or country)

17. INFORMANT Mary Raffel
(Address) New York

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore City Date Aug 8 1933

19. UNDERTAKER Davis Funeral Home
(Address) 1902 Eutaw Place
Huntington Ave Office

20. FILED Aug 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Aug 6 1933

I last saw h.. alive on Aug 6 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 years
Myocarditis	5 years

Other contributory causes of importance:

Uremia	6 days
Cardiac insufficiency	6 days

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Emanuel Lehr M. D.

8/6/33 (Address) Temple Garden Apts.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92697 E 92697

CERTIFICATE OF DEATH

Registered No. 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Hara

(a) Residence: No. Patapsco Park St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug 7 . 1933

19. UNDERTAKER

(Address)

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ? . 19 . to . 19

I last saw h alive on ? . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/23/1933

Where did injury occur? Belle Air Rd A.A. Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto. while walking along Belle Air Rd

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph F. Feeney, M. D. Coroner

(Address) 2202 E. Madison St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92698

E 92698

CERTIFICATE OF DEATH

93883

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hosp. St. 18-01 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizzie Culpepper

(a) Residence: No. 1222 N Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of William Culpepper

6. DATE OF BIRTH (month, day, year) ? 1887 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46 45 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington N. C.

FATHER

13. NAME Sherman Brown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Marie Smith

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Rhonda (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Aug 7 19 33

19. UNDERTAKER Oscar Pacquer Realty

(Address) ...

20. FILED 8-7-1933 Huntington Funeral Home Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2 , 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 , 1933 to Aug 2 , 1933

I last saw her alive on Aug 2 , 1933 Death is said to have occurred on the date stated above, at 12 25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracaliter Heart Disease ?	
Hypertension	
Congestive failure	3 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Howell M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

92699

HEALTH DEPARTMENT—CITY OF BALTIMORE

92699

CERTIFICATE OF DEATH

108

Registered No. E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N. Castle St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Ryba.

(a) Residence: No. 904 N Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anton Ryba.

6. DATE OF BIRTH (month, day, year) Sept. 24" 1873

7. AGE: Years 59 | Months 10 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Midwife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Anton Behenofsky.

14. BIRTHPLACE (city or town) (State or country) Bohemia.

MOTHER

15. MAIDEN NAME Not Given.

16. BIRTHPLACE (city or town) (State or country) Not Given.

17. INFORMANT Edna Marmion

(Address) 904 N Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 8" 1933

19. UNDERTAKER Geo M. Smith & Son

(Address) 811 N Fremont Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4" 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1. 1933 to Aug 4 1933

I last saw her alive on Aug 4 1933 Death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	Aug 1. 33
Other contributory causes of importance: Acute Cardiac dilatation	7/4/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Raymond M. D.

(Address) 801 N Fremont Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92700 E 92700

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 127 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Monroe

(a) Residence: No. 812 Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (Write the word): Husband

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Flowers Monroe

6. DATE OF BIRTH (month, day, year): Sept 15, 1872

7. AGE: Years 60 | Months 8 9 | Days 18 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marble Polisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): 7
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Flowers Monroe
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER
15. MAIDEN NAME: Josephine Henson
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Aug 7 . 19 33

19. UNDERTAKER: Chas H. Butler Bros Inc.
(Address)

20. FILED . . 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3 . 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 . 1933 to Aug 3 . 1933
last saw h. m. alive on Aug 2 . 1933 Death is said to have occurred on the date stated above, at 6:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute Pneumonia	7/31/33
Other contributory causes of importance: Paralysis Generalized Arteriosclerosis	7/31/33 Life

Name of operation: Appendectomy Date of: 7/31/33

What test confirmed diagnosis: Operation Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Martin L. Cannon M. D.
(Address) Balto City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92701

CERTIFICATE OF DEATH

E 92701

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 17-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Purnell

(a) Residence: No. 416 Ogston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 37

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount, Md. Date May 7 19 33

19. UNDERTAKER

(Address) Hamilton

20. FILED JAN 23 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Zollar M. D.
Coroner

(Address) 412 E. Eutaw Ave.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

92702

CERTIFICATE OF DEATH

59 E 92702

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 Oakmont St., 12th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J Santry

(a) Residence: No. 350 Oakmont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa M Flynn

6. DATE OF BIRTH (month, day, year) 5/10/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 861

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME ? Santry

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Bridget Cashman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Robinson (Address) 350 S. Oakmont

18. BURIAL, CREMATION, OR REMOVAL. Place 8/8/33 Date New Cathedral

19. UNDERTAKER D. J. Jones & Son (Address) 1315 Eutaw

Filed ... 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5/33

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1933 to Aug 5 1933

I last saw him alive on Aug 6 1933 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Contributory causes of importance: Diabetes Mel	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) K. E. Kaylor M. D.

(Address) Westminster Md

M. D. B. 1268-9

92703

HEALTH DEPARTMENT—CITY OF BALTIMORE

92703

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 36-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F. O'connor

(A) Residence: No. 62 Philadelphia Rd St., Ward.

(If non-resident give city or town and State)

62 Kenwood (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of ~~[illegible]~~ wife of Mary O'connor (Dead)

6. DATE OF BIRTH (month, day, year): June 8, 1875

7. AGE: Years 57 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hat-maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Adams Mass.

FATHER

13. NAME: Martin O'connor

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Mary Thornton

16. BIRTHPLACE (city or town) (State or country): Bridgeport Conn.

17. INFORMANT: Records Balt. City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Aug 8 1933

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

Filed: Aug 8 1933 Registrar: Millicent Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Aug 5 1933

I last saw him alive on Aug 5 1933 Death is said to have occurred on the date stated above, at 4=A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Auricular fibrillation	?
Coronary Thrombosis ?	1 month

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Phagel M. D.

(Address) Baltimore City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92704

92704

CERTIFICATE OF DEATH

92-001

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Harford Rd. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. M. Foster

(a) Residence: No. 2313 Harford Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Katie Foster

6. DATE OF BIRTH (month, day, year) Aug 5th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jackson Foster

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Katie Foster

(Address) 2313 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 8th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

FILED 8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from 8 19 to 5 19

I last saw h/M alive on 5 19 Death is said to have occurred on the date stated above, at 1A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Anasarca from 8-33 to 7-33 this cleared up & was followed by heart block in June 1933 then came Cerebral Embolism followed by General paralysis	
Other contributory causes of importance: Chronic Endocarditis Mitral Stenosis and hypertrophy to left ventricle	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto H Duker M. D.

(Address) 928 E. North Ave

M. D. B. 1269-9

92705 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92705

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Schamberger.

(a) Residence: No. 3328 Hayward Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary C.

6. DATE OF BIRTH (month, day, year) Aug 23. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jos. C. Schamberger

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Yost

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary C. Schamberger (Address) 3328 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date Aug 9 '33

19. UNDERTAKER Wilkens Cooke & Co (Address) 317 St Paul St

UGC - 1933 Hunting the Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/24/33, 19..., to 8/7/33, 19...

I last saw him alive on 8-7-, 19 33 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myxosarcoma of Scrotum & Contents L.	?

Other contributory causes of importance:

Uremia	3 days

Name of operation Electro-surg excision Date of 8/2/33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas T Taylor M. D.

(Address) ...

M. D. B. 1068-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92706

CERTIFICATE OF DEATH

Registered No. 92706

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 21-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alberta Smith

(a) Residence: No. 430 W. Cross st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hattie Royal

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Albemarle County Date 8/8 ... 33

19. UNDERT... Walter B. Sanger
(Addr... 32 Whitelock St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 ... 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19 ... 1932 to August 5 ... 1933

I last saw her alive on August 5 ... 1933 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed d... in. Was there an autopsy? No

23. If death was due ... causes (violence) fill in also the following:
Accident, suicide, or h... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. P. 1253-9

92707

E 92707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Fairview Ave 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Bowen

(a) Residence: No. 3700 Fairview Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rick Luckett Bowen

6. DATE OF BIRTH (month, day, year) June 14, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8 yrs. ago

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Bowen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anne Sweaver

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rick Luckett Bowen

(Address) 3700 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug. 9, 1933

19. UNDERTAKER Tom Wickwire & Sons

(Address) North & Pennsylvania Aves

20. FILED Aug 10 1933 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1933

22. I HEREBY CERTIFY That I attended deceased from August 3rd, 1933 to August 7, 1933

I last saw h.... alive on August 1, 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	1933

Other contributory causes of importance:

Acute Gastritis & Heart	8/7/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert T. Hubbard M. D.

(Address) 211 W. Mulberry

M. D. B. 1268-8

92708

E 92708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Hosp St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Ackerman

(a) Residence: No. 3021 W North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Theo H Ackerman

6. DATE OF BIRTH (month, day, year): Aug 23-1855

7. AGE: Years 77 | Months 11 | Days 13/14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Walter Goodell

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Charlotte Leerbeck

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. Theo H. Ackerman

(Address) 3021 W North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Cem Date Aug 8 1933

19. UNDERTAKER: Wm J Ackerman & Son

(Address) 1 E Lafayette

FILED AUG 8 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 to Aug 6 1933

That I last saw her alive on Aug 1 1933 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Embolism

Date of onset

Other contributory causes of importance: Accident Fell out of Hammock Fractured Femur

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 31 1933

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leech M. D.

Coroner

(Address) Coroner

M. D. B. 1268-0

E 92709

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92709

CERTIFICATE OF DEATH

V 122-001

Registered No. .....

1. PLACE OF DEATH Mercy Hosp. St., 6-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Michel

(a) Residence: No. 2323-E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Annie Michel

6. DATE OF BIRTH (month, day, year) Mar 21-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Orch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Michel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catharine Hahs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Michel
(Address) 2328 E Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date Aug 9, 1933

19. UNDERTAKER John Ullrich
(Address) 1200 E Oliver

20. FILED ..... 19.....

8-8-1933 H. Augustus Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-2-33, 19..... to 8-6-33, 19..... Death is said I last saw him alive on 8-6-33, 19..... to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	7-26-33
Heart Failure	8-6-33
Bilateral Hernia (Inguinal)	

Other contributory causes of importance:

Name of operation None Date of 7-26-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Brownell Jr. M. D.

(Address) Mercy Hosp

M. D. B. 1268-9

E 92710

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92710

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 6-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Santmyer

(a) Residence: No. 6541 Parnell Ave Ward. 41 Hebron

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (Write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Westerington Santmyer

6. DATE OF BIRTH (month, day, year): 12/17/1874

7. AGE: Years 59 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): 1 wk ago

11. Total time (years) spent in this occupation: 7 0

12. BIRTHPLACE (city or town) (State or country): Shenandoah Va

FATHER

13. NAME: John ?

14. BIRTHPLACE (city or town) (State or country): Shenandoah Va

MOTHER

15. MAIDEN NAME: Sarah Shaner

16. BIRTHPLACE (city or town) (State or country): Shenandoah Va

17. INFORMANT: Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Aug 10 1933

19. UNDERTAKER: John Ulrich

(Address) 208 Orleans

20. FILED 8 1933 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1933 to 8-6 1933

I last saw h[illegible] alive on 8-6-33 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction — Date of onset 8-4-33

Other contributory causes of importance: none

Name of operation Laparotomy Date of 8-5-33

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T Phasel M. D.

(Address) Balt. City Hosp.

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92711

CERTIFICATE OF DEATH.

93 E 92711

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3329 Beech Ave. ST. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Oscar Shelley

(a) RESIDENCE No. 3329 Beech Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (~~WIFE~~) Dora Shelley

6 DATE OF BIRTH (month, day, and year) May 22 1895

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Hugh. Shelley

11 BIRTHPLACE OF FATHER (City or town) (State or country) Owings Mills Md

12 MAIDEN NAME OF MOTHER Laura Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Dora Shelley
(Address) 3329 Beech Ave

15 Filed , 19 Registrar

8-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7-1933

17

I HEREBY CERTIFY, That I attended deceased from January 10, 1933, to August 7, 1933

that I last saw h im alive on August 7, 1933

and that death occurred, on the date stated above, at 2 00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. V. Clift M. D.

8/7, 1933 (Address) 3538 Chestnut Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Aug 33.

20 UNDERTAKER J. Walter Davis 3418 Chest. Ave.

E 92712

E 92712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Providence Hospital — Registered No. 131

CITY OF BALTIMORE: (No. 1514 Dumas St.) (Ward) 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. L. Lang

(a) Residence: No. Cherry Hill Road St., Ward. Westport

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella Lang

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ella Lang

(Address) Cherry Hill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8-8- 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Huntington Williams, Registrar

AUG 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1933 to 8-5 1933

I last saw h. id alive on 8-5 1933 Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiovascular Renal Disease	
Cerebral Hemorrhage	8-5-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Harris M. D.

(Address) Providence Hospital

M. H. R. 1268-9

E 92713

92713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Biddle St., 17-01 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Leakins

(a) Residence: No. 524 N. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Williams

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emma Jones

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Emma Herron dau
(Address) 524 N. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Dr. Dayburn Date 8/8/ 1933

19. UNDERTAKER Samuel J. Kennedy
(Address) 528 N. Biddle St.

20. FILED AUG 8 1933 Huntington Ave. Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 - 1933 to Aug 5 - 1933

I last saw her alive on Aug 5 - 1933 Death is said to have occurred on the date stated above, at 3 1/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw. J. Chudley M. D.

(Address) 1230 Druid Hill Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92714 V 119 E 92714

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 W Lexington St 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest L. Tyner

(a) Residence: No. 1102 W Lexington St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 2-1933

7. AGE Years | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Jas L Tyner

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Margaret Ford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margaret Tyner

(Address) 1102 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8-8-, 193

19. UNDERTAKER Ernest Easter

(Address) 946 Pa Ave Huntington W Va

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Data of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H E Smith M. D.
Coroner

(Address)

M. D. B. 1268-B

92715

E 92715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 107-001

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 21 yrs. mos 14 da. How long in U. S. If of foreign birth? yrs. mos da.

2. FULL NAME Harry E. Smith

(a) Residence: No. 209 N. Beechwood St St., ... Ward. Catonsville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse E. Smith,

6. DATE OF BIRTH (month, day, year) July 10. 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	--	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 668

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME James H. Smith,

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Jennie Ambrose,

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs Jesse E. Smith,

(Address) 209 N. Beechwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va Date August 10. 1933

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

AUG 8 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25. 1933, to August 7. 1933

last saw h.im alive on August 7. 1933 Death is said to have occurred on the date stated above, at 3 50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia - bilateral - diffuse	7/31/33

Other contributory causes of importance:

Bilateral Inguinal Hernia (Indirect)

Name of operation Bilat. Herniaplasty Date of 7/26/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Leavy M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92716 V 48

CERTIFICATE OF DEATH

Registered No. 92716

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3491 W. Lehmon St. (or) 15-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lula Holt
(a) Residence: No. 3491 W. Lehmon Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) 1884
7. AGE: Years 49 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
13. NAME Sarah Perry
14. BIRTHPLACE (city or town) (State or country) Md.

FATHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Holt
(Address) 3491 W. Lehmon

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Aug 9 1933

19. UNDERTAKER Thomas E. Rolson
(Address) 1302 Pennsylvania Ave

20. FILED Aug 9 1933 Huntington Hillman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1933
I HEREBY CERTIFY, That I attended deceased from ... to ... 19...
I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	2 months

Other contributory causes of importance:

Name of operation Regular Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to External causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Feick M. D.
Coroner
(Address) Coroner

G 8 - 1933

M. D. B. 1268-9

92717 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 23E 92717

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 19-21 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elvie Laster

(a) Residence: No. 1706 Caira St., Ward.
(Casual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-10-31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clayborne Laster

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sophie Laster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 10th, 1933

19. UNDERTAKER G. Jones & Son

(Address) 111 E. Eutaw St

Remington for Williams, F.D.

20. 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to Aug 6, 1933.

I last saw her alive on Aug 6, 1933. Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Caseous Pneumonia -	May 33
(Tbc.)	
Other contributory causes of importance:	
Anemia -	?
Dehydration -	?
Rhdyngitis -	?

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hosp.

E-92718

M. D. B. 1268-9

92718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Burgundy St., 22-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Watkins

(a) Residence: No. 815 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. F. Watkins

6. DATE OF BIRTH (month, day, year) Sep. 29 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John. Stilling.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine Scheler

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Chas A. Overbeck.
(Address) 4207 Holly Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet. Date 8/9. 1933

19. UNDERTAKER Bernard E. Forde.
(Address) 1203 Hollins St

20. FILED AUG 9 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10 30 m

The principal cause of death and related causes of importance were as follows:

Poisoned by illuminating gas. Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Eugene Feltis M. D.
Coroner

(Address) 1239 Eastern Ave.

M. D. B. 1268-9

E 92719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 35

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No.) St. 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Rosa Lee
(a) Residence: No. 618 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17 1916

7. AGE	Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	16	9	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Rodger Lee
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Viola Bass
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Edgewood Cemetery Date aug 16 1933

19. UNDERTAKER Milton Davis
(Address) 416 N. Caroline St.

20. FILED 1933 Huntington Williams, M.D. Registrar.

168 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933 to Aug 6, 1933
I last saw h.. alive on Aug 6, 1933 Death is said to have occurred on the date stated above, at .. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	4 yrs
Chronic Salpingitis	
Inanition & Emaciation	about

Other contributory causes of importance:

Name of operation Exploratory Lap. Date of ... 1933
What test confirmed diagnosis? Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Alvan Jones M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92720 — 54E 92720

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH West Baltimore Gen'l Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 15-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 46 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Bertha Mesorowitz

(a) Residence: No. 2117 Presbury St., ... Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjaman

6. DATE OF BIRTH (month, day, year): 1865

7. AGE: Years 68 | Months | Days | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: William
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Rosedale Date 8/8/33 19

19. UNDERTAKER (Address): Jack Levy Co. 1439 E. Baltimore St.

20. FILED 8-1933 Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/7/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 . 1933 to Aug. 7 . 1933
I last saw h.. alive on Aug. 7 . 1933 Death is said to have occurred on the date stated above, at 2.15 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Uremia.
Chronic Cholecystitis.
Localized Peritonitis.
Paralytic Ileus.

Other contributory causes of importance:
Diabetes Mellitus.
Hypertension Cardiovascular Disease.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John N. Rosenau M. D.

(Address) W. B. & H.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92721 E 92721

Registered No. 15-01 72-107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Esther [redacted] Hanty

(a) Residence: No. 3706 Edgerton Rd St., Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hanty

6. DATE OF BIRTH (month, day, year) Sept 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Abelhart Moses Hilbert

14. BIRTHPLACE (city or town) (State or country) Europe (Country?)

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Europe (Country?)

17. INFORMANT Mrs Lucile Carlson

(Address) 3706 Edgerton Rd Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Hebrew Date 8/8/33, 19

19. UNDERTAKER Jack Lauria Inc

(Address) 1439 E Baltimore St

8 1933 FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to Aug 7, 1933

I last saw h[redacted] alive on Aug 7, 1933. Death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia, myeloid	1931
Other contributory causes of importance: Acute exacerbation of myeloid leukemia	July 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Glenn Wilson Jr. M. D.

(Address) Woman's Hospital Baltimore Md.

M. D. B. 1268-8

92722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92722

34

Registered No.

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A. Montgomery

(a) Residence: No. 407 S Washington St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Reginald Montgomery

14. BIRTHPLACE (city or town) (State or country) Portland Maine

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Reginald Montgomery
(Address) 407 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Israel Cem. Date aug 19 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Fulton St.

20. FILED 8-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-33 , 19

22. I HEREBY CERTIFY, That I attended deceased from 7-22-33, 19 to 8-7-33, 19

I last saw him alive on 8-7-33, 19 Death is said to have occurred on the date stated above, at 5 35 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Malnutrition
Bronchopneumonia, Diffuse, Bilateral
Congenital Lues??

Other contributory causes of importance:
Inguinal Hernia, Direct Bilateral
Inguinal Hernia, Indirect Left

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Levin M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

✓ E 92723

HEALTH DEPARTMENT—CITY OF BALTIMORE

92723 ✕49

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Josiah Dwight (Rae)

(a) Residence: No. Powhatan Hotel Washington, D.C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josiah Dwight

6. DATE OF BIRTH (month, day, year) August 24, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	55	11	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Henry A Seymour

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Mary Leggett

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Deceased.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation Date Aug 8 1933

19. UNDERTAKER Of the Robt Poulet
(Address) & Son

20. FILED Huntington Williams, Registrar.
1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to August 8, 1933.

I last saw h.. alive on August 8, 1933. Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of peritoneum originating probably in ovary	March 1933

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of 6/7/33

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. Burhoe M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

92721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 E 92724

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Preston

(a) Residence: No. 218 Goodale Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) August 5, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Alexander Preston

14. BIRTHPLACE (city or town) (State or country) Paris - Texas

MOTHER

15. MAIDEN NAME Elizabeth Cady Conover

16. BIRTHPLACE (city or town) (State or country) Philadelphia - Pa

17. INFORMANT James, A Preston
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa Date Aug 8, 1933

19. UNDERTAKER Wm J Tuckey & Son
(Address) North & Pa

20. [illegible] 8 1933 Huntington Williams Corp
RKH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933 to Aug 7, 1933
I last saw her alive on Aug 7, 1933 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart —	
Patent Ductus Arteriosus	8/5/33
Patent Interventricular Septum	
Cardiac Hypertrophy	
Other contributory causes of importance:	
Premature (3 wks)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Suzanne Sterling, M. D.

(Address) Union Memorial Hosp

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92725

CERTIFICATE OF DEATH.

131 E 92725

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2923 E. Madison St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs. Katherine Vogt -

(a) Residence No. 2923 East Madison St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 61 yrs. 3 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced.~~ (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of August Vogt

6-DATE OF BIRTH (month, day and year) March 23, 1855

7-AGE. 78 yrs. 4 mos. 15 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Germany (State or Country).

PARENTS.

10-NAME OF FATHER, H. Wagner

11-BIRTHPLACE OF FATHER (city or town)..... Germany (State or Country).

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... Germany (State or Country).

14- (Informant)..... John G. L. Wolff

(Address)..... 2923 E. Madison St

15- Filed 8-8-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 7-1933.

17- I HEREBY CERTIFY, That I attended deceased from July 14 1933 to Aug 7 1933, that I last saw her alive on Aug 7 1933, and that death occurred, on the date stated above, at 11:00 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia - 1½ days

chr. nephritis -

cardio - vascular - Renal

(Duration)... 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) arthritis - senilis -

(Duration)... 2 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual phy. exam.

(Signed)..... Louis F. Krumenacker, D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Emmanuel DATE OF BURIAL, Aug. 10, 1933

20-UNDERTAKER, Louis Kemmanitz ADDRESS 32 S. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92726 E 92726 15-

Registered No. 175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor Pl. & Fort McH St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard J. Fritsch

(a) Residence: No. 706 S. Broadway St., Ward. Germany

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.N.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Aug 8 , 19 33

19. UNDERTAKER

(Address)

20. FILED Aug 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 , 19 33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Base of Skull	
Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury , 19 33

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by Electric Auto

Nature of Injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Preston Hoge M.D. Coroner

(Address) 1302 Hull St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92727

CERTIFICATE OF DEATH

15 E 92727

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Kelly Place St. 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Week

(a) Residence: No. 1111 Kelly Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 7, 1933

7. AGE	Years	Months	Days	If LESS than 1 day 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Dorter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Genevieve Week

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Genevieve Week
(Address) 1111 Kelly Place

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 8 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED 8-9-1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1933

22. I HEREBY CERTIFY, That I attended deceased from August 7 1933 to Aug. 7 1933
I last saw h. alive on Aug 7 1933 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
premature birth (26-28 week gestation)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed. Contract M. D.

(Address) 2525 Edmondson Ave

M. D. B. 1268-9

92728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 92728

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 W Baro ... 21-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Griffin

(a) Residence: No. 1049 W Baro St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Sgl

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sgl r

6. DATE OF BIRTH (month, day, year) 8/2/33

7. AGE	Years	Months	Days	If LESS than 1 day, / hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0d0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Clarence Griffin

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Ida B Harmon

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslager & Mt Date Aug 3 , 1933

19. UNDERTAKER
(Address)

Aug 3 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from 8/1/33 19 , to 8/2/33 , 19

I last saw h alive on 8/1/33 , 19 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (Premature)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard Jerry , M. D.

(Address) 9 W Lanvale

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

92729

CERTIFICATE OF DEATH

827 92729

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 E Collington Ave St.) 8-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Cutler

(a) Residence: No. 1800 E Collington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Cutler

6. DATE OF BIRTH (month, day, year) July 21 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S FATHER'S

13. NAME Conrad Cutler
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Cutler (Address) 1800 E Collington Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Cem Date 8-10 1933

19. UNDERTAKER Albert J. White Jr. (Address) 1601 E Lexington St

Thurston Williams N.S. 19 Registrar

20. FILED 8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1933.

I HEREBY CERTIFY, That I attended deceased from March 7 1933 to August 7 1933

I last saw h[illegible] alive on August 7 1933 death is said to have occurred on the date stated above, at 1110A.

The principal cause of death and related causes of importance were as follows:

	Duration
Ulcer L Right Leg (Varicose) Phlebitis Right Leg	2 Months 1 Year
Other contributory causes of importance: Cerebral Embolus.	15 Minutes

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Eastbourn M. D.

(Address) 2026 E North Ave

AaCo. 5-31 250B

23648 32730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107E 32730

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 8-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Woods

(a) Residence: No. 1806 N. Chester Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Woods

6. DATE OF BIRTH (month, day, year) 8-2-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins Hos
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jesse Woods
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Plaine
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 8-9 1933

19. UNDERTAKER Albert E. Wilt Jr.
(Address) 1806 N. Chester Street

8-1933 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2 1933 to Aug 6 1933
I last saw him alive on Aug 6 1933 death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	1929
Tuberculous Enterolith	7/5/33
Gangrene of Lung	8/3/33
Bronchopneumonia	7/27/33

Other contributory causes of importance:
Arteriosclerosis
Myocarditis

Name of operation Perineal Prostatectomy Date of 6/17/33
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd T. Leigh M. D.
(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92731

CERTIFICATE OF DEATH

93 E 92731
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3049 Frederick Ave) (Ward 20-21)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Klamer
(a) Residence: No. 3049 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henrietta Klamer

6. DATE OF BIRTH (month, day, year): Feb 20 - 1855

7. AGE: Years 78 | Months 6 | Days 8 | If LESS than 1 day, hrs. or min. 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Holland

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Holland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Holland

17. INFORMANT: Herman Klamer
(Address): 3049 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Olivet Date: Aug. 11th 1933

19. UNDERTAKER: Charles W. Dill
(Address): 310 Fremont Ave.

FILED: AUG 8 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from to 19
last saw h alive on 19 Death is said
to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Luck M. D.
Coroner
(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92732

CERTIFICATE OF DEATH

92732

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Clifton Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Waters Worley

(a) Residence: No. 3610 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William N. Worley

6. DATE OF BIRTH (month, day, year) June 24 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME H. C. Dorsey Waters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Penelope J. Griffith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lee W. Worley

(Address) 3610 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem 19

19. UNDERTAKER John O. Mitchell & Son

(Address) 1918 Eutaw Place

20. FILED Aug 8 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 1926 to Aug 7. 1933

I last saw her alive on Aug 7 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio-Sclerosis	
Degenerating Arteries	
Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Woody M. D.

(Address) 140 Park Ave.

Spec.—9-30—A. & Co.—250 Bks.

E 92733

92733 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 N. Central St. 29-01 WARD)

2. FULL NAME Ellen J. Jonathan

(a) RESIDENCE NO. 1417 N. Central St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas Jonathan

6 DATE OF BIRTH (month, day, and year) Feb. 24-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Jean Carney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Jonathan (Address) 1417 N. Central St.

15 Filed Aug 8 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6-1933

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1913 to Aug 5 1933

that I last saw her alive on Aug 5 1933

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Artero-Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Hannah McSeleny M. D.

Aug 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Joseph's Cem. DATE OF BURIAL 8/9 1933

UNDERTAKER John F. Bailey & Sons ADDRESS 518 Eight St

M. D. B. 1268-0

Smull ✓ E 92734

HEALTH DEPARTMENT—CITY OF BALTIMORE

92731

CERTIFICATE OF DEATH

X 127 E 92734

1. PLACE OF DEATH Md General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Laura Cockey Smull

(a) Residence: No. Monkton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo W. Smull

6. DATE OF BIRTH (month, day, year) Oct 6. 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monkton

FATHER

13. NAME Joshua Cockey

14. BIRTHPLACE (city or town) (State or country) Monkton

MOTHER

15. MAIDEN NAME Annie Hutchens

16. BIRTHPLACE (city or town) (State or country) Monkton Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. James Monkton Date Aug 11, 1933

19. UNDERTAKER Wm. C. Brooks & Son
Address Sparks

20. FILED Aug 8 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/4/33, 19 to 8/8/33, 19

I last saw h. alive on 8/8/33, 19 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction due to adhesions	8/4/33
Other contributory causes of importance: Myocardial failure	8/7/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H C Taylor M. D.

(Address) Md Gen Hospital

M. D. B. 1268-9

E 92735

E 92735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-01 St., Ward)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Matilda Little

(a) Residence: No. 3208 Maryland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Harry E. Little

6. DATE OF BIRTH (month, day, year) Mar. 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr. George Dukehart

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline Zing

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Westminster Date 7/9/33

19. UNDERTAKER F. B. Kelbaugh & Son

(Address) 300 Eutaw Place

19 Registered

C 9 - 1933 Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-28-1933 to 8-7-1933

I last saw her alive on 8-7-1933 Death is said to have occurred on the date stated above, at 9.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Uremia

Cardiac failure

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 3 N. Gen. Hospital

M. D. B. 1268-0

92736

HEALTH DEPARTMENT—CITY OF BALTIMORE

92736 E

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2699 Dulaney St. 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 11 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Turnauer

(a) Residence: No. 2699 Dulaney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Earl R Turnauer

6. DATE OF BIRTH (month, day, year) Sept 5 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Rudolph Beaus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kurzrock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Earl R Turnauer
(Address) 2699 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 9 1933

19. UNDERTAKER F. B. Stephens & Son
(Address) 1300 Eutaw Place

20. FILED ... 1933 ... Registrar.

33-1933 Huntington Turnauer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. ... 19 33 to Aug 6 ... 19 33
I last saw h.. alive on Aug 6 ... 19 33 Death is said to have occurred on the date stated above, at 7:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	One Year

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harry Glassman, M. D.

(Address) 2687 Orleans Ave

M. D. B. 1268-9

92737

E 92737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 S Conkling St. 36-01 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine P Groos

(a) Residence: No. 327 S Conkling St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry P Groos

6. DATE OF BIRTH (month, day, year): May 16 1850

7. AGE: Years 83 | Months 2 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Herman Gottlieb Groos

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Kapplestein

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Lilly P Groos

(Address) 327 S Conkling

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 27 1933

19. UNDERTAKER: John Ulrich

(Address) 2008 Orleans

20. FILED ... 19... [illegible]

AUG 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to Aug 4 1933

I last saw h[illegible] alive on Aug 4 1933 Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1 yrs

Other contributory causes of importance: Acute Dilatation of Heart

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas J. Smith M.D.

(Address) 6016 Eastern Ave

M. D. B. 1268-9

92738

E 92738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 W Charles St., 12-01 Ward)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? 58 yrs. 2 mos. 26 ds.

2. FULL NAME Lillian Duvall Dodson

(a) Residence: No. 2206 W Charles St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE: Robert L. Dodson

6. DATE OF BIRTH (month, day, year): May 13 1875

7. AGE: Years 58 | Months 2 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Henry L Duval

14. BIRTHPLACE (city or town) (State or country): Baltimore md

MOTHER

15. MAIDEN NAME: Ellie E Owens

16. BIRTHPLACE (city or town) (State or country): Baltimore md

17. INFORMANT: Mrs. R. L. Dodson (husband)
(Address) 2206 W Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Aug. 10 1933

19. UNDERTAKER: Stewart McSherry & Son
(Address) Huntingdon Ave

AUG 9 - 1933

Huntington Avenue, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from for many years 19..., to 8-8-33. 19.....
I last saw her alive on 8-8-33. 19..... Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	Several years past

Other contributory causes of importance: Gall Bladder affection

Name of operation Stones removed Date of about 1920

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A R Gonzalez, M. D.

(Address) 11 W. Saratoga St

M. D. B. 1268-9

92739

E 92739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 512 Gilmor St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Williams

(a) Residence: No. 953 Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: Colored

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Middleton Williams

6. DATE OF BIRTH (month, day, year): 12-25-1813

7. AGE: Years 59 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Graham Mack

14. BIRTHPLACE (city or town) (State or country): South Carolina

MOTHER

15. MAIDEN NAME: Isabella Mack

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT: Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Aug 9, 1933

19. UNDERTAKER: Jno. M. Chase & Son

(Address): 638 N. Gilmor

20. Aug 9 - 1933 for Hilburn, N.Y.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-6-1933

22. I HEREBY CERTIFY, That I attended deceased from ... 1933, to 8-6-1933.

I last saw h[illegible] alive on 8-6-1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Carcinoma	1 day
Hypertensive cardio. vascular disease	2 months

Other contributory causes of importance:

Name of operation: none Date of ...

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. C. Marshall M. D.

(Address) 638 Druid Hill Ave.

M. D. B. 1268-9

E 9274

E 92740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4131

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 E. Montgomery St. 22-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen M. Gall

(a) Residence: No. 29 E. Montgomery St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Merrill Gall

6. DATE OF BIRTH (month, day, year) Nov. 5, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work (27)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queenstown, Md.

FATHER

13. NAME William H. Creighton

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Grace E. Dorrell

16. BIRTHPLACE (city or town) (State or country) Church Hill, Md.

17. INFORMANT Mrs. Grace E. Creighton
(Address) 29 E. Montgomery St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Wye Mills Cem. Wye Mills Queen Anne Co. Md. Date Aug 9 . 1933

19. UNDERTAKER John F. Dempsey
(Address) 715 Light St

20. FILED AUG 9-1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Aug 7 1933

I last saw her alive on Aug 7 1933 11.00 a. m. Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

Dilatation of Heart

Date of onset: about 7/10/33

Other contributory causes of importance: Nephritis. 6/1/33

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased
No If so, specify

(Signed) F. Edward Smith M. D.

(Address) 910 Light St.

M. D. B. 1268-0

E 92741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92741

CERTIFICATE OF DEATH

82-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Gwynn Falls Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Hartzell Whitz

(a) Residence: No. 3913 Gwynn Falls Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lewis W Whitz

6. DATE OF BIRTH (month, day, year): Dec 7-1859

7. AGE: Years 73 | Months 8 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country): Smyrna Delaware

FATHER

13. NAME: William Hartzell

14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER

15. MAIDEN NAME: Mary Hickey

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: Mrs. Whitz
(Address) 3913 Gwynn Falls Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 4. 1933

19. UNDERTAKER: Wm J Redgrave's Sons
(Address) North Ave

AUG 9 - 1933

Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-17-33 to 8-7-33

I last saw her alive on 8-4-33

Death is said to have occurred on the date stated above, at 9.10 PM

The principal cause of death and related causes of importance were as follows:

Cerebral haemmorrhage — Date of onset 7-27-33

Other contributory causes of importance:

Coma — 8-4-33

Name of operation: None Date of:

What test confirmed diagnosis? Physical Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clayton Williams M. D.

(Address) 3400 Walbrook Ave

M. D. B. 1268-0

E 92742

92742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 21 yrs. ... mos. ... ds.

2. FULL NAME Zelda Stein

(a) Residence: No. 1155 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan

6. DATE OF BIRTH (month, day, year) 1861

7. AGE — Years 72 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 8/9/33, 19
Place Pikesville Md.

19. UNDERTAKER Jack Levin & Bro.
(Address) 1437 E Baltimore St.

8-9-1933 Huntington W. Jacobs, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933, to August 8, 1933.

I last saw ... alive on August 8, 1933. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-4-33
Other contributory causes of importance:	
Lues (acquired)	?
Chronic Myocarditis	?

Name of operation Incision & Drainage of Abscess Date of 7-6-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Levin, M. D.

(Address) Sinai Hospital

E 92743

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92743

CERTIFICATE OF DEATH

X 173

Registered No. 27191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mack Jenkins.(C)

(a) Residence: No. Godkin Creek, C. O. Co. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand. Ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Ft Md Date Aug 9 , 193

19. UNDERTAKER [illegible] Huntington Williams, M.D.

(Address)

Registrar.

AUG 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to pistol shot wound of the chest involving sub-clavian vessels and left lung.

Homicide.

Date of onset

Other contributory causes of importance:

Name of operation Yes. Date of 7/24/33

What test confirmed diagnosis Autopsy. Was there an autopsy Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide. Date of injury July 24, 33

Where did injury occur? Glen Burnie, C. O. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt Coroner, M. D.

7/26/33 (Address) 1017 E. Charles St.

M. D. B. 1269-B

32744

HEALTH DEPARTMENT—CITY OF BALTIMORE

32744

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Throw

(a) Residence: No. 434 N. Kenwood Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Throw

6. DATE OF BIRTH (month, day, year) Jan 1 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Michael Throw

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Throw

(Address) 434 N Kenwood

18. BURIAL, CREMATION, OR REMOVAL Arkwood Aug 10 1933

Place Date ... 19...

19. UNDERTAKER Jos Otterbein Son

(Address) 3001 Greenmount Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1933 to Aug. 7 1933

I last saw ... alive on Aug 7 1933 Death is said to have occurred on the date stated above at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Bronchopneumonia	8/5/33

Other contributory causes of importance:

Cardiac Hypertrophy

Dilatation.

Arteriosclerosis.

Name of operation ... Date of No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas L Egan M. D.

(Address) 3 East Biddle

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92745

CERTIFICATE OF DEATH

45 E 92745

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 11-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Cromedy

(a) Residence: No. 1035 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 9 1933

19. UNDERTAKER Colored Undertaking Co.
(Address) [illegible]

20. FILED ... 19... ... Registrar.

AUG 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933 to July 6, 1933

I last saw h[e] alive on July 6, 1933. Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Neck	
Other contributory causes of importance:	
Carcinoma of Tongue	1 yr

Name of operation Excision of Carcinoma Date of 6/28/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92746 V E 92746

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Irvin

(a) Residence: No. 1416 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced (oc) HUSBAND of / WIFE of

6. DATE OF BIRTH (month, day, year) 9-3-1900

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	33	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla

FATHER

13. NAME Anzai Irvin

14. BIRTHPLACE (city or town) (State or country) H. Car

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Fla

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place J.H. Med. College Date Aug 9 1933

19. UNDERTAKER
(Address)

20. Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933 to July 29, 1933. Death is said I last saw him alive on July 29, 1933 to have occurred on the date stated above, at 915 p m.

The principal cause of death and related causes of importance were as follows:

Bronchostasis — Date of onset 8 mo

Other contributory causes of importance:

Bronchopneumonia — 2 days

Name of operation Laparotomy Date of July 24

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alexander Forbus M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92747

CERTIFICATE OF DEATH

159

E 92747

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Kirkman

(a) Residence: No. 1404 Hempel Alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 1 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Abe Kirkman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dora Stewart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date Aug 9 1933

19. UNDERTAKER .....
(Address)

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/1/33, 19..., to 8/1/33, 19...

I last saw h... alive on 8/1/33, 19... Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	8/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Ulrich V. Hess M. D.

(Address) Johns Hopkins Hospital.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92748

CERTIFICATE OF DEATH

E 92748

Registered No. 10-01 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 10 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Wilson

(a) Residence: No. ? St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 081

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Potters Field Date Aug 9 19 33

19. UNDERTAKER
(Address)

9-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1933 to Aug 6 1933

I last saw him alive on Aug. 6 1933 Death is said to have occurred on the date stated above, at 1.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 days ?
Cerebral Hemorrhage	?
Intracranial Hemorrhage	?
Auricular fibrillation	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Magill, M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV E 52749

92749

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (Bal.) Baltimore City Hosp St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Constantine

(a) Residence: No. Landsdowne Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Bal. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Aug 9 1933

19. UNDERTAKER

(Address)

20. FILED 9-1933 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1933 to Aug 6, 1933

I last saw her alive on Aug 6, 1933 Death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Arteriosclerosis	?
Hypostatic	?
Congestive failure	1 Mo.
Lobular pneumonia	2 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Thrasher M. D.

(Address) Bal. City Hosp.

M. D. B. 1268-9

92750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 92750

Registered No. .....

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL — 6-01

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Bell Walden

(a) Residence: No. 200 N. Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — divorced — unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Virginia

FATHER

13. NAME Frank Stoney

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Beatrice Palisoody
(Address) 18 North Custer St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Aug 9 1933

19. UNDERTAKER .....
(Address) Huntington Williams, N.Y.

20. 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to August 7, 1933

I last saw her alive on August 4, 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Salpingitis - chronic (bilateral)	?
2. Post-operative shock	8-4-33

Other contributory causes of importance:

1. Mal anasarca	?
	over

Name of operation Salpingectomy Date of 8-4-33

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Wm. Waeuseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46E 92751

92751

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Byrd St. 24-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C. H. Waggd

Residence in Baltimore: No. 1514 Byrd St. (St.: 60 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widow

DATE OF BIRTH Feb. 22, (Month) (Day) 1859 (Year)

AGE. 74 yrs. 5 mos. 16 ds.

If LESS than 1 day. ....hrs. or ....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

BIRTHPLACE, (State or Country). Germany

10-NAME OF FATHER. ?

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country). Germany

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) agnes H. Johnson

(Address) 1514 Byrd St.

filed Aug 11 1933 Huntington Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug. (Month) 8th (Day), 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28th, 1930, to Aug 8th 1933.

that I saw her alive on Aug 8th, 1933.

and that death occurred, on the date stated above, at 8:20 p.m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of rectum intestines etc

(Duration) 3 yrs. 4 mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry Deigh M. D.

8/9/, 1933 (Address) 1224-26 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Trinity Cemetery

DATE OF BURIAL. Aug 11, 1933

20-UNDERTAKER. Richard F. Cauley

ADDRESS 708 E. North ave

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92752 E 92752

CERTIFICATE OF DEATH

66-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Cooper

(a) Residence: No. 1015 Warden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William A Cooper

6. DATE OF BIRTH (month, day, year) Aug 5 - 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Dougherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Donahue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos J Dougherty
(Address) 1015 Warden St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Aug 12 1933

19. UNDERTAKER Chas P. Sauerson
(Address) 118 W. 1st. Royal Ave

Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24 1933 to August 9 1933

I last saw her alive on August 9 1933 Death is said to have occurred on the date stated above, at 7 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Exophthalmic goitre - toxic	?
2. Hyperthyroidism	?
3. Acute thyrotoxicosis	8-8-33
Other contributory causes of importance:	
1. Post-operative shock.	8-8-33
2. Mal anaemia	

Name of operation Thyroidectomy Date of 8-8-33

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J M Wagneseller M. D.

(Address) St. Josephs Hospital

Spec.—9-30—A. & Co.—250 Bks.

92753 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92753

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 E. Lafayette Ave ST. 24-01 WARD)

2. FULL NAME Mary Eugene

(a) RESIDENCE NO. (Usual place of abode) 338 E. Lafayette Ave ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stevens

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 56 Months — Days — If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mary Eugene 338 E. Lafayette Ave.

15 Filed . 19 Huntington Williams Registrar

8-9-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8, 1933

17 I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1933 to Aug. 8, 1933 that I last saw her alive on Aug. 7, 1933 and that death occurred, on the date stated above, at 4:30 A. M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Indefinite) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. E. Campbell M. D.

8.9.33 19 (Address) 1644 Hanover Street

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 8/11 19 33

20 UNDERTAKER

ADDRESS 3

M. D. B. 1268-9

92754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92754

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4333 Park Heights Ave. St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Mary Forsythe

(a) Residence: No. 4333 Park Heights Aven., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 5-8-1874

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME David J. Forsythe

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland.

15. MAIDEN NAME Josephine Fees

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Susanna Forsythe
(Address) 4333 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Cemetery Aug 10 1933

19. UNDERTAKER Chas S. Black
(Address) 742 W Saratoga St
Huntington Williams & Co
Registrar

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8- 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
How? Specify

(Signed) David J. Weisenberger M. D. Coroner
(Address) 3631 Roland Ave.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92755 93-10 92755

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Aliceanna St., 3-01 Ward)

Length of residence in city or town where death occurred 41 yrs. mns. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Stefano Pito

(a) Residence: No. 234 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Pito

6. DATE OF BIRTH (month, day, year): Unknown.

7. AGE: Years 77. | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mary Tronkatta

(Address) 234 Aliceanna St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 12 1933

19. UNDERTAKER: Wendell & Hippel

(Address) 309 E. Fayette St

Huntington Williams, N.T.

Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to August 8 1933

I last saw her alive on August 7 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortex. Sclerosis	4 Days
Impacted Degeneration	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos L. Valentine M. D.

(Address) 14 So Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92756

CERTIFICATE OF DEATH

E 92756

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6012 Bertram Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Marian M. Howell

(a) Residence: No. 6012 Bertram Ave. St., ... Ward. Govanstown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~(or) WIFE~~ (or) WIFE of Geo. F. Howell

6. DATE OF BIRTH (month, day, year) Nov. 24 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	1415	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

FATHER

13. NAME Stephen Graves

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Theresa Heatley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary Adams

(Address) 6012 Bertram Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Morelands M. P. Date Aug 10, 1933

19. UNDERTAKER Thos. S. Connelly

(Address) Essex, Md.

8-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1933, to Aug 8, 1933

I last saw her alive on Aug 8, 1933 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	7/29/33

Other contributory causes of importance:

Name of operation ... ? Date of ...

What test confirmed diagnosis? Clinical ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. F. Watts, M. D.

(Address) Essex, Md.

Spec.—2-29-28—L. F. S.—500 Blks.

E 92757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92757

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E. Fort ST. 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothea King

(a) RESIDENCE NO. 1505 E. Fort ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late Raymond King

DATE OF BIRTH (month, day, and year) April 12, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	3	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Bernhardt Seeburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant M. A. Ensley

(Address) 1505 E. Fort Ave

Filed AUG 9 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8-33

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1933, to Aug 5, 1933

that I last saw h[illegible] alive on Aug 7, 1933

and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Hypertension Arteriosclerosis

Myocarditis Decompensated.

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis

(duration) yrs 1 mos. 0 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis & Symptoms

Thos F. Stevens, M. D.

(Signed)

8/8, 1933 (Address) 2815 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Aug 11 1933
20 UNDERTAKER	ADDRESS
Chas. L. Beyer & Co.	1512 Eutaw St

M. D. B. 1268-9

92758 E 92758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 Cutting Ave St. 8-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hester Ann Jackson

(a) Residence: No. 1418 N Linwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Jackson

6. DATE OF BIRTH (month, day, year) Jan 7 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Simpson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Geo Williams
(Address) 306 Cutting Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 11 1933

19. UNDERTAKER Fulton & Hair
(Address) 1419 E Fort Ave

Lic. ... 19... Reg. No. ...

AUG 10 1933 Eugene Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26th 1933 to Aug 9th 1933

I last saw her alive on Aug 8th 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver & abdominal Viscera — Duration Several mos. Previous to Death

Other contributory causes of importance:

Date of onset

Name of operation Laparotomy Date of July 1933

What test confirmed diagnosis? Routine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Elbert C. Reitz M. D.

(Address) 1245 Reisterstown Rd

M. D. B. 1268-9

92759 ✓ E 92759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Beachamp

(a) Residence: No. 530 N Bruce St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Beachamp

6. DATE OF BIRTH (month, day, year) Nov 6 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sophia Bernard

(Address) 502 N Bruce

18. BURIAL, CREMATION, OR REMOVAL

Place Raymond Date 9/11, 1933

19. UNDERTAKER J. H. Cox & Son

(Address) 1700 Edmondson Ave

FILED 9 11 1933 Lexington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19— Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Bloomer, M. D. Coroner

(Address) 1305 Fulton Ave

M. D. B. 1268-B

92760

✓ E 92760

HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 Dulaney St. 90-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Manowitz

(a) Residence: No. 2631 Dulaney St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hon Manowitz

6. DATE OF BIRTH (month, day, year): Jan 24, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry Rhode

(Address) 2321 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL

Place: Schwarz Date: Aug 11, 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 E Lexington St

20. FILED ..... 19..... Registrar.

Aug 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug 3 1933~~ May 3 1932 to Aug 9th 1933

I last saw her alive on Aug 9 1933 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of uterus	

Other contributory causes of importance:

cardiac decompensation

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. T. Lyell M. D.

(Address) 3321 Reisterstown Rd

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92761 V M 92761

92761

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. St. 24 Ward 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Grayson King

(a) Residence: No. Green Haven + Pasadena, Md St. + Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ann

6. DATE OF BIRTH (month, day, year) Aug 22, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	16, 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Mary H. Stinchcomb

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Martha Wilson (daughter)

(Address) Green Haven A.A. Co

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Church Date Aug 11, 1933

19. UNDERTAKER John F. Kenny

(Address) 1125 Locust St.

20. FILED Aug 10 1933 Thurlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to 1933

I last saw h alive on May 1933 Death is said to have occurred on the date stated above, at 12:45 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 3, 1933

Where did injury occur? Mountain Rd at Green Haven (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across Mountain Rd

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenny M. D. Coroner

(Address) 1125 E. Lexington St.

M. H. R. 1268-0

92762

E 92762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No. .....

1. PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. Clunkey, Bernard

(a) Residence: No. 742 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Knapman

6. DATE OF BIRTH (month, day, year) Sept 18, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor + Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder Self-

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 35yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bernard McClunkey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Reardon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wife Mrs Anna E McClunkey

(Address) 742 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dartwood Cemetery Date Aug 11, 1933

19. UNDERTAKER Elmer W. Conkle

(Address) 2242 Eager St.

20. FILED AUG 9 1933 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to Aug 8, 1933

I last saw h.m alive on Aug 8, 1933. Death is said to have occurred on the date stated above, at 3:59 P.m.

The principal cause of death and related causes of importance were as follows:

Fecal Fistula — Date of onset April 15, 1933

Other contributory causes of importance:

Post-Operative Shock — Aug 8, 33

↑ Resection of Descending Colon
↑ Lateral Anastomosis

Name of operation ..... Date of Aug 7, 33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Grove, M. D.

(Address) .....

32763

✓ E 92763

275326

Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 8-01 Registered No.

CITY OF BALTIMORE: (No. ..... St., 8 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Mallon

(a) Residence: No. 1103 N Bradford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

6. DATE OF BIRTH (month, day, year) May 18 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	2	19	

1920

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evangelical Bur. Date Aug 10. 1933

19. UNDERTAKER H. Sander Sons Incorporated

(Address) 1710 East Pr

AUG 10 1933

20. [illegible] 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1933 to Aug 7 1933

I last saw him alive on Aug. 7 1933 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left bronchus & lung	6 mos. ago

Other contributory causes of importance:

Emphysema right lung

Atelectasis left lung

Name of operation 0 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92764

92764

CERTIFICATE OF DEATH

+ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 4222

CITY OF BALTIMORE: (No. Frankford Ave St. 27-11 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M Miller

(a) Residence: No. Upper Falls Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Blue	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife

6. DATE OF BIRTH (month, day, year) American

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME John Bullford

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Anna Wood

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mary Taylor

(Address) 422 B Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stephens and Dry Date Aug 12 1933

19. UNDERTAKER Reid Dandock

(Address) Upper Falls Md

20. FILED Aug 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/16/ 1933. to 8/9/33 . 19

I last saw h-- alive on 8/9/ . 1933 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 hr
Other contributory causes of importance: Cerebral Apoplexy	8/9/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Fury . M. D.

(Address) 910 W. Lombard

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92765 — E 92765 — 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N Wolfe St., 7-0 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Fuller

(a) Residence: No. 503 N Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James Fuller

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME McKenna

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs McKenna
(Address) 1811 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Date Aug 12" 1933

19. UNDERTAKER Geo M. Fullerton
(Address) 811 N Wolfe St.

20. FILED Huntington W. Jarrett, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Aug 9 1933
I last saw her alive on Aug 8 1933 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	1 Yr
Other contributory causes of importance:	
Cerebral Hemorrhage	7 Days

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward H. Cook M. D.
(Address) 413 Cathedral

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92766

CERTIFICATE OF DEATH.

159V E 92766

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Provident Hospital ST 14-01 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Cousin

(a) RESIDENCE NO. ~~Sparrows Pt~~ Sparrows, Md ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX mal

4 COLOR OR RACE wht

5 Single, Married, Widowed, or Divorced. (Write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Infant

6 DATE OF BIRTH (month, day, and year) 7-31-33

7 AGE Years ..... Months ..... Days 9 d. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Willie Cousin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sparrows, Md.

12 MAIDEN NAME OF MOTHER Sarah Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sparrows, Md.

14 Informant ..... (Address) .....

15 [illegible] 1933, 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9-33

17 I HEREBY CERTIFY, That I attended deceased from 7-31, 19 33, to 8-9, 19 33 that I last saw h[illegible] alive on 8-9, 19 33 and that death occurred, on the date stated above, at 7 10 P. m.

The CAUSE OF DEATH was as follows:

Twin (Premature)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) W B Butler M. D.

8-10 19 33 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence Hospital DATE OF BURIAL Aug 10 19 33

20 UNDERTAKER [illegible] ADDRESS

[illegible]

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

52

92767

92767

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 19-61

CITY OF BALTIMORE: (No. ..... Ward ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Moore

(a) Residence: No. 2245 Norris St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced Husband of (or) WIFE of Louis Moore

6. DATE OF BIRTH (month, day, year) April 9, 1872

7. AGE: Years 61 | Months 3 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Simon Zeigel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Tuesday

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date Aug 12 1933

19. UNDERTAKER Harry H. Leitzke
(Address) 4101 Edmondson Ave Huntington Maryland

20. 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to Aug 9, 1933

I last saw him alive on Aug 9, 1933. Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

Epithelioma Scalp — Date of onset 4/1/1933

Other contributory causes of importance:

Cardio renal - vascular disease & Hypertension 3 yrs. — 3/7/33

Bronchopneumonia

Name of operation Implantation of radium Date of Aug 2

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury: ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. Pheasley M. D.

(Address) Balt. City Hosp.

01933

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

92768

CERTIFICATE OF DEATH.

✓ 23 E 92768

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1211 N. Bond (St.) 8-01 (Ward)

2-FULL NAME Ruby Maud Harris

(a) RESIDENCE NO. 1211 N. Bond ST. WARD

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
f	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ben Irvin Harris

6 DATE OF BIRTH (month, day, and year) July 30, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	0	9 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roxboro N. C.

PARENTS

10 NAME OF FATHER James Nelson

11 BIRTHPLACE OF FATHER (city or town) Roxboro (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mattie Humphery

13 BIRTHPLACE OF MOTHER (city or town) Roxboro (State or country) N.C.

14 Informant Ben I. Harris (Address) 1211 N. Bond St

15 01933 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/9/33

17 I HEREBY CERTIFY, That I attended deceased from April 25th 1933, to Aug 9th 1933

that I last saw her alive on Aug 7th 1933

and that death occurred, on the date stated above, at 3.30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Browne M.D.

19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roxboro NC — DATE OF BURIAL: Aug 10 1933

20 UNDERTAKER: Robert T. Williams — ADDRESS: 1515 McElderry St

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92769

CERTIFICATE OF DEATH

107-001

E 92769

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3930 Dolfield Ave (St.) 27-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Behrend

(a) Residence: No. 3930 Dolfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Philip Behrend

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kirchner

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Margaret E. Meyer

(Address) 3930 Dolfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 8/11 1933

19. UNDERTAKER The Cook Co

(Address) 124 E Lexington St

Huntington Wm

AUG 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1 1933 to Aug 10 1933

I last saw her alive on Aug 9 1933 Death is said to have occurred on the date stated above, at 6a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/1/33
Other contributory causes of importance: Arterio Sclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nelson B. Kirsh M. D.

(Address) 2904 Reisterstown Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92770

CERTIFICATE OF DEATH

✓108

E 92770
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Henry Hill

(a) Residence: No. 432 Virginia St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

7. DATE OF BIRTH (month, day, year) Feb 29 1879

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Robert Hill

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gertrude Hill
(Address) 1432 E Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 11 1933

19. UNDERTAKER Mrs S A Elliott
(Address) 1129 N Eutaw St Baltimore, Md

01833
(Local Registrar) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coba Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E O Neary M D Coroner

(Address) 1305 N Patterson Park Ave

M. D. B. 1268-9

92771

HEALTH DEPARTMENT—CITY OF BALTIMORE

V33 92771

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

Registered No. 791

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mildred Diggs

(a) Residence: No. 1732 Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ernest Diggs

14. BIRTHPLACE (city or town) (State or country) 1733 Eager St No Record

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ernest Diggs
(Address) 1826 Eagar St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 11, 1933

19. UNDERTAKER Mrs R. A. Elliott
(Address) 1129 N. Carey
Huntington Williams Mort

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1933 to 8-7, 1933

I last saw h[illegible] alive on 8-7, 1933 Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5 1933
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? X ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. H. Harris M. D.

(Address) Provident Hospital

M. D. B. 1268-0

32772 E 32772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 Sterling St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mabel Lydia Jenkins

(a) Residence: No. 653 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (or) WIFE of Arthur Jenkins

6. DATE OF BIRTH (month, day, year) Sept 7 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeps house work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Wynn

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nannie Hawkins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Arthur Jenkins (Husband)
(Address) 653 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Wilson N. C. Date aug 11 1933

19. UNDERTAKER Edw Bryan
(Address) 1631 orleans st

20. FILED AUG 11 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to Aug 7 1933

I last saw her alive on Aug. 6 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Intestinal Nephritis	May '33
Other contributory causes of importance: Myocarditis. Probably Gastric ulcer 2 Hemorrhage and Secondary Anemia	May '33

Name of operation none Date of .....

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? I no If so, specify .....

(Signed) R. F. Young M. D.

(Address) 1424 Environment St

M. D. R. 1268-0

E 32773

32773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 16-201

1. PLACE OF DEATH Lyderham Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorene Gaither

(a) Residence: No. 1126 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1931

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	2	1	16 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Benjamin Gaither

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Glover

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Breeze Date 8 11 1933

19. UNDERTAKER Daniel Conklin

(Address) Allegheny Ave. & Huntington Ave.

20. FILED 8/11, 1933 Registrar

AUG 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933 to August 9, 1933

I last saw her alive on August 9, 1933 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough (Pertussis)	July 26
Bronchopneumonia	Aug. 6

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Lachman M. D.

(Address) Lyderham Hospital

M. D. B. 1268-6

32774

E 32774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Henry

(a) Residence: No. 2008 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ella E Henry

6. DATE OF BIRTH (month, day, year) March 24 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Oil~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James Henry

14. BIRTHPLACE (city or town) (State or country) ~~Dover~~ Del.

MOTHER

15. MAIDEN NAME Nancy Tolliver

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Baltolem Date Aug 11th 1933

19. UNDERTAKER Leo J. Lesak (Address) 1723 N. Patterson Park Ave

20. [illegible] Huntington Williams N.Y.

AUG 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16 1933 to Aug 8 1933

I last saw h[illegible] alive on Aug 8 1933 Death is said to have occurred on the date stated above, at 11 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Myocardial failure	?
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

E 92775

HEALTH DEPARTMENT—CITY OF BALTIMORE

92775

CERTIFICATE OF DEATH X 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Herbet Perry

(a) Residence: No. Whashington Boulevard Jessup Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jessup Md

FATHER

13. NAME E. Edword Perry

14. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y

MOTHER

15. MAIDEN NAME Arline Gertrude Vertz

16. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y

17. INFORMANT Father

(Address) Jessup Md

18. BURIAL, CREMATION, OR REMOVAL

Place Jessup Md Date Aug 11 1933

19. UNDERTAKER Floyd Kaiser

(Address) Edmondson Md

20. FILED AUG 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th 1933 to August 9th 1933

I last saw him alive on August 9th 1933 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	8/4/33
Acute Intoxication	8/8/33
Dehydration	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Willard H. Spreehen M. D.

(Address) University Hospital.

AACo. 5-31 2508

32776

HEALTH DEPARTMENT—CITY OF BALTIMORE

X46 E 32776

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. ..... BALTIMORE, MD. ..... St. 9-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. 9 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Katherine McKeown

(a) Residence: No. Rogers Forge, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	married

6a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of Mr. William McKeown

6. DATE OF BIRTH (month, day, year) 1868 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Owen Banaghan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 12, 1933

19. UNDERTAKER Henry W. Jenkins Son Co.
(Address) McCulloh & Orchard St

20. AUG 11 1933 Huntington, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933, to August 9, 1933

I last saw her alive on August 4, 1933 death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of pyloroid	?
& metastases to regional lymph glands.	
(2) Hypertension (3) Chr. Myocarditis	??
Other contributory causes of importance	
(1) Inf anaemia	?
(2) Jaundice	?

Name of operation Explor. Lap. Colostomy Date of 8-7-33

What test confirmed diagnosis? Operation Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Magenheller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. D. H. 1248-9

✓ E 32777

32777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 10-01 Ward)

Length of residence in city or town where death occurred Life yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James Kutcher

(a) Residence: No. 1010 E. Eager St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Anna Zamber (Dec'd)

6. DATE OF BIRTH (month, day, year) Sept 6, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
52	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Kutcher

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna Robel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 12, 1933

19. UNDERTAKER Fuchs Bros
(Address) 1906 Eastern Ave

20. [illegible] AUG 11 1933 [illegible] Washington Wilkinson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933 to Aug 9, 1933

I last saw h... alive on Aug 9, 1933 Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Prostate with metastases to liver.	?
2. Pneumonia of superior Vena Cava	4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. P. Nagel M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

E 92778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92778

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Reynolds St. St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Szynkielewski

(a) Residence: No. 1421 Reynolds St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Szynkielewski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Longshorman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Onufry Szynkielewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Furman

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Elizabeth Szynkielewski

(Address) 1421 Reynolds St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross AACo Date Aug. 12 1933

19. UNDERTAKER B. Ozarowski

(Address) 1930 Eastern Ave.

20. FILED AUG 11 1933 Hunting to Williams, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933 to Aug 9th, 1933

I last saw him alive on Aug 8, 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	1932.
Mitral Stenosis	Unk.

Other contributory causes of importance:

Oedema of Lungs, pericardium	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman Perkins, M. D.

(Address) 1202 W. Mt. St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32779 E 32779

131 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 590 St Mary St., 17-01 Ward)

Length of residence in city or town where death occurred yrs. 25 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Bright.

(a) Residence: No. 590 St Mary St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or Race Col'd 5. Single, Married, Widowed, or Divorced (Write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years 52 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Texas.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER

13. NAME Mary

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Rachel Thomas

17. INFORMANT (Address) 521 Oxford

18. BURIAL, CREMATION, OR REMOVAL Place 7117 Auburn Cem Date 8/12 1933

19. UNDERTAKER (Address) Samuel T Kemply 578 N Broadway Washington Williamsport, N.Y.

20. FILED 8 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on August 9 m

to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows: Interstitial Nephritis Duration of each 6 months

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuk M. D.

Coroner

(Address)

M. D. B. 1268-9

E 92780

HEALTH DEPARTMENT—CITY OF BALTIMORE

92780

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Sargent St., 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Rooney

(a) Residence: No. 1143 Sargent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Fem | 4. Color or Race Wh | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23-1932

7. AGE: Years 1 | Months — | Days 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry E. Rooney

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Madeline B Kerr

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Madeline B Rooney

(Address) 1143 Sargent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Aug 12 1933

19. UNDERTAKER Mr. Mrs. John W Teufel & Son

(Address) 804 W. Fayette St

Filed 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Enteritis — 5 days

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H E Link M. D.

(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92781

CERTIFICATE OF DEATH

E° 92781

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Simpkins Manns

(a) Residence: No. 634 W. Conway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 55; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Joseph Simpkins

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Minna Johnson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Rose Carroll

(Address) 1-2nd St. Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Jesse Baker Date 17 . 1933

19. UNDERTAKER Chas E. Burke & Son

(Address) Lexington & Pine Sts

20. FILED 1933 . 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9- . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jesse Baker Coroner . M. D.

(Address) 39 Calvert Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92782 E 92782

CERTIFICATE OF DEATH

94-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Gough St. St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY L. DEPRO.

(a) Residence: No. 1911 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	74	2 3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Augustus Depro.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Phoenix

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Jennie Depro (Sister)
(Address) 1911 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 11 . 19 33

19. UNDERTAKER Lilly & Zeiler, Inc.
(Address) 403 S. Wolfe St.

AUG 11

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 8 . 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30 . 1933 to Aug. 8 . 1933
I last saw her alive on Aug. 8 . 1933. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arterio-sclerosis.	
Other contributory causes of importance: Coronary thrombosis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm J Schmitt M. D.

(Address) 701 W. Lexington ave.

M. D. B. 1268-9

92783

✓ E 92783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 S Bouldin St. 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Indianna Zielinski

(a) Residence: No. 1110 S Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Zielinski

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Kasprzyk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Stanislaus Zielinski

(Address) 1110 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date August 12 1933

19. UNDERTAKER John F Duda & Sons

(Address) 1301 Hudson St

20. FILED ..... 19..... Register

AUG 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to Aug 9 1933

I last saw her alive on Aug 9 1933 Death is said to have occurred on the date stated above, at 9⁰⁰ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/15/33
Other contributory causes of importance:	
Cardiac Paralysis	Aug 9/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Reynolds, M. D.

(Address) 801 Kenwood Ave

Spec—9-30—A. & Co.—250 Bks

✓ E 92784

E 92784 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-001
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 624 Allendale St. 16-01 WARD)

2. FULL NAME Barbara Brewogel

(a) RESIDENCE No. 624 Allendale St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Brewogel

6 DATE OF BIRTH (month, day, and year) Feb 20 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	14 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Peter Wollinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Ida Brewogel
(Address) 624 Allendale St

15 Filed AUG 11 1933 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9, 1933

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1932, to Aug 9, 1933

that I last saw her alive on Aug 8, 1933

and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis
myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) angina pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? visual

(Signed) Leslie Kupp M. D.

, 19 (Address) 3038 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 8/12 1933

20 UNDERTAKER Braun & Son, Inc.

ADDRESS 1136 Pulaski St

M. D. B. 1268-9

92785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 92785

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Barclay St. 12-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William McClellan Hersh

(a) Residence: No. 2106 Barclay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara D. Hersh

6. DATE OF BIRTH (month, day, year) Nov 10 1865

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or .....min.
	67	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employ P. R. R. Co

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

FATHER

13. NAME Franklin Hersh

14. BIRTHPLACE (city or town) Mayberford
(State or country) Pa

MOTHER

15. MAIDEN NAME Elsa Hersh McClellan

16. BIRTHPLACE (city or town) Balto
(State or country) Maryland

17. INFORMANT Mrs Clara D Hersh (wife)
(Address) 2106 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug 12 1933

19. UNDERTAKER Hugh Mann & Co.
(Address) 1010 Mt St

20. FILED Aug 12 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4th 1933 to Aug. 11th 1933

I last saw him alive on Aug. 11th 1933. Death is said to have occurred on the date stated above, at 9.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion. Angina Pc. (General arterio sclerosis of some years standing.)	8.30.33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

26. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) E. L. E. Van Hoff, M. D.

(Address) 1515 Park Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92786

2786

CERTIFICATE OF DEATH

X 92-001

REGISTERED NO.

1—PLACE OF DEATH 213 S Fremont Ave

CITY OF BALTIMORE: (No. 213 S Fremont ave (STREET AND WARD)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ransom Jenkins

(a) RESIDENCE NO. 213 S Fremont ave (STREET AND WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 10 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of: Phyllis Jenkins

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): South Carolina

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

Informant: Robert Abraham

(Address): 213 S Fremont ave

Filed Aug 11 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8. 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1933 to Aug 8 1933

that I last saw him alive on Aug 8 1933

and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Dr. Thos Hopkins, M. D.

. 19 (Address) 501 N Hamburg Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lynchburg S.C. DATE OF BURIAL: Aug 12 1933

20 UNDERTAKER: Joseph A Sivley ADDRESS: 409 N. Mount St

M. D. B. 1268-9

92787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 EV92787

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Fleet St. St., 26-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice K. Harrington

(a) Residence: No. 3221 Fleet St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H. M. Frances Harrington

6. DATE OF BIRTH (month, day, year) Feb. 11 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Winton

14. BIRTHPLACE (city or town) Tuckerton
(State or country)

MOTHER

15. MAIDEN NAME Tuckerton

16. BIRTHPLACE (city or town) Tuckerton
(State or country)

17. INFORMANT Mrs. Howard Harrington
(Address) 3221 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 11, 1933

19. UNDERTAKER John J. Connolly
(Address) 1800 Eastern Ave.

20. FILED Aug 11 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from January, 1933 to Aug 8, 1933
I last saw h.. alive on Aug 8, 1933 Death is said to have occurred on the date stated above, at 7.38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Joseph Tousley M. D.

(Address) 700 S. Ellwood Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92788 X √ 93-003 E 92788

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore, Md. 22-01
CITY OF BALTIMORE: (No. 2110 Uffington St., Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. 11 da. How long in U. S. If of foreign birth? 76 yrs. ... mos. ... da.

2. FULL NAME Sarah Stemmler

(a) Residence: No. 2110 Uffington Rd. St., ... Ward. New York City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stemmler

6. DATE OF BIRTH (month, day, year) Aug 20, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME — Nikolas
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME — Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. John Stemmler
(Address) 2110 Uffington Rd.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL.
Place Woodlawn Cem. New York City Date Aug. 13. 1933

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

FILED AUG 11 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1933 to Aug 11 1933
I last saw her alive on Aug 10 1933 Death is said to have occurred on the date stated above, at 6:35 a.m.,

The principal cause of death and related causes of importance were as follows:
Acute parenchymatous nephritis

Date of onset Aug 3, 33

Other contributory causes of importance:
Chronic Myocarditis - ?
Arteriosclerosis - ?

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Milford Rice M. D.
(Address) 104 W. Read St.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92789 V 50 92789

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 E Fayette St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara L. Quillan

(a) Residence: No. 2120 E Fayette St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin J. Quillan

6. DATE OF BIRTH (month, day, year) Dec. 7, 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Horney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Frances Merchant

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Benjamin J. Quillan
(Address) 2120 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Aug. 12, 1933

19. UNDERTAKER Fred A. Krause & Son
(Address) 203-205 Saratoga St.

20. FILED AUG 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from February, 1931, to August 9, 1933

I last saw h[illegible] alive on Aug 9, 1933 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast	Feb 1931

Other contributory causes of importance:

Post Metastatic Carcinoma Mediastinum Spaces	Dec 1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank J. Ayd, M. D.

(Address) 2005 E. Monument St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 5-395 E 32790 — E 92790 — 23

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Lewis

(a) Residence: No. 536 N Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Fla

FATHER

13. NAME Jesse Lewis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J H Med College Date Aug 11 1933

19. UNDERTAKER [illegible]

(Address)

20. Aug 11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29 1933 to Aug 4 1933

(last saw h[illegible] alive on Aug 4 1933 Death is said to have occurred on the date stated above, at 3 50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis of lungs & peritoneum	7/15/33
Exhaustion	8/1/33

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

92791

HEALTH DEPARTMENT—CITY OF BALTIMORE

92791

CERTIFICATE OF DEATH

23V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6203 York Rd St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry W Hanson

(a) Residence: No. 623 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Hanson

6. DATE OF BIRTH (month, day, year) June 18 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Hanson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ann Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Hanson
(Address) 623 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns (Long Boone) Cemetery Date May 5-X 1933

19. UNDERTAKER Wm Fox
(Address) 1217 St Paul St

20. FILED 11 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1933 to June 11 1933

I last saw h[illegible] alive on June 9 1933. Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Pulmonary Tb	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Hornstein M. D.

(Address) 733 Cathedral St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92792

CERTIFICATE OF DEATH

E 92792

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E. Lafayette Ave Sts. 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Stevens

(a) Residence: No. 1817 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~WIFE~~ HUSBAND of Norma L. Stevens

6. DATE OF BIRTH (month, day, year) Aug 6th 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 86

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Berwick Maine

FATHER

13. NAME Samuel Stevens

14. BIRTHPLACE (city or town) (State or country) North Berwick Maine

MOTHER

15. MAIDEN NAME Catherine Bragdon

16. BIRTHPLACE (city or town) (State or country) North Berwick Maine

17. INFORMANT Mrs. Norma Stevens
(Address) 1817 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug 17 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

20. FILED Aug 11 1933 Huntington Williams, Registrar

OPN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to Aug ... 1933
I saw him alive on Aug 9 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jacob Frahm, M. D.

(Address) 1873 N. Broadway

M. D. B. 1268-9

92793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92793

95-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Florence Pearce

(a) Residence: No. 716 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: John M. Pearce

6. DATE OF BIRTH (month, day, year): Aug 28th 1865

7. AGE: Years 67; Months 11; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Co Md.

FATHER

13. NAME: Thos. Wm DeVesse

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Dreihart

16. BIRTHPLACE (city or town) (State or country): Manchester Md

17. INFORMANT: Wm E. Albrecht

(Address) 2801 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug 12th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

Huntington Williams Portland

AUG 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-9-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1933 to 8-9-1933

I last saw h.e alive on 8-9-1933 Death is said to have occurred on the date stated above, at 6p m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	?
& Congestive failure	
Cerebral embolism	8-4-33
Pulmonary embolism	8-9-33

Other contributory causes of importance:

Name of operation none. Date of

What test confirmed diagnosis? Clin & Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milford H Breeden M. D.

(Address) University Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92794 E 92794

CERTIFICATE OF DEATH

Registered No. 169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruby Bullock

(a) Residence: No. 5 N. Bradford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm J. Bullock

6. DATE OF BIRTH (month, day, year): Feby 2 1906

7. AGE: Years 27; Months 6; Days 8; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jackson Hall

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Laura Carey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Wm J Bullock 5 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: Aug 12 1933

19. UNDERTAKER (Address): John O Mitchell & Son 1900 Eastern Ave Huntington Woods, N.P.

20. FILED 11 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h alive on ____, 19__ Death is said to have occurred on the date stated above, at 1:35 (a. m.)

The principal cause of death and related causes of importance were as follows:

Punctured lung due from fractured Rib

Suicide

Date of onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Aug 10 1933

Where did injury occur? City Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public Place.

Manner of injury: Jumped out of Window

Nature of injury: Punctured Lung, Fract Rib

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: No

(Signed) C. F. Stengel M. D. Coroner

(Address) 305 N Fulton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92795

CERTIFICATE OF DEATH

81 E 92795

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. 21-04 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Gambrill

(a) Residence: No. 1332 Games St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Daniel H. Gambrill

6. DATE OF BIRTH (month, day, year) March 15, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas E. Sierns

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ella Lapp

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 8/14 19 33

19. UNDERTAKER J. M. Cole (Address) 1217 E. Fayette St.

20. FILED G 121933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933 to August 10, 1933

I last saw h[illegible] alive on August 10, 1933 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amyotrophic Lateral Sclerosis	1923?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. DeHaven Magill, M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

Kefauver

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32796

2796

CERTIFICATE OF DEATH

127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hosp (Street) 16-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME [redacted] Kefauver Nellie J. Kefauver

(a) Residence: No. 3023 Rayner Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Willard Kefauver

6. DATE OF BIRTH (month, day, year) July 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Hullett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Haley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 8/14, 1933

19. UNDERTAKER H. M. Cook

(Address) 1219 E Fayette St

FILED 8/12 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1933, to Aug 10, 1933

I last saw her alive on Aug 10, 1933 Death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Gall bladder	7 days
Peritonitis of Gall bladder	1 da

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magill, M. D.

(Address) Balt City Hosp.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92797 92797

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 E Madison St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Thompson

(a) Residence: No. 2816 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of Henry S. Thompson

6. DATE OF BIRTH (month, day, year) Aug 28 1884

7. AGE: Years 49 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Ries

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Herbert.

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Margaret Durkin

(Address) 444 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loly Redeemer Cem Date Aug 14, 1933

19. UNDERTAKER Henry Heck Sons Inc

(Address) 1361 E Eager St

20. FILED Aug 16, 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933 to Aug 10, 1933

I last saw her alive on Aug 10, 1933 Death is said to have occurred on the date stated above, at 11:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papilloma - Capillaria Both Ureters	3 Mo. prior
Other contributory causes of importance:	
Toxic absorption	3 Days

Name of operation Cystotomy Date of 8/4/33

What test confirmed diagnosis? Microscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Gorman M. D.

(Address) 413 N Washington

G 12 1933

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92798

CERTIFICATE OF DEATH

48 E 92798

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Gibson

(a) Residence: No. 1019 Lane St (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married (Co)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Will Chester

6. DATE OF BIRTH (month, day, year) 5/10/'03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Maryland

FATHER

13. NAME John Gibson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Henrietta Hughes

(Address) R.F.D. #3 Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 8-12th 1933

19. UNDERTAKER Bryant & Manning E. King

(Address) 1218 McCulloh St

20. FILED AUG 12 1933 Clifton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8/33

22. I HEREBY CERTIFY, That I attended deceased from 8/3/33 to 8/8/33

I last saw h[illegible] alive on 8/8/33 Death is said to have occurred on the date stated above, at 6:40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix Secondary anemia	Unknown

Other contributory causes of importance:

Myocardial failure

Name of operation Biopsy of cervix Date of 8/7/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Rhoads M. D.

(Address) Balt. City Hosp

M. D. H. 1268-9

E 92799 ✓ E 92799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. 23-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Hanover St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis E Keene Jr

(a) Residence: No. 1429 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md

FATHER

13. NAME Louis E Keene
14. BIRTHPLACE (city or town) Cambridge (State or country) md

MOTHER

15. MAIDEN NAME Mary K. Lepka
16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mrs Mary K Keene
(Address) 1429 Hanover st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Aug 12 1933

19. UNDERTAKER John T. Denny
(Address) 913 Light Street

Filed AUG 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933 to Aug 11, 1933

I last saw him alive on Aug 11, 1933 Death is said to have occurred on the date stated above, at 2. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Colitis	8/10/33
Other contributory causes of importance: Exhaustion	8/11/33

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. H. Campbell M. D.

8/11/33 (Address) 1644 Hanover St.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

32800 108 E 32800

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4709 Delaware Ave. 27-01 Ward)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James A. Crocker

(a) Residence: No. 4709 Delaware Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia E. Crocker

6. DATE OF BIRTH (month, day, year) July 10, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
60	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B&O Railroad Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Switchman 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME James A. Crocker

14. BIRTHPLACE (city or town) Winchester
(State or country) Va.

MOTHER

15. MAIDEN NAME Henrietta Kilpatrick

16. BIRTHPLACE (city or town) Winchester
(State or country) Va.

17. INFORMANT Mrs. Amelia E Crocker
(Address) 4709 Delaware Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 14 1933

19. UNDERTAKER C. V. Lemmond
(Address) 4611 Park Heights Ave.

12 1933 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933 to Aug 11, 1933

I last saw him alive on Aug 11, 1933. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Unknown
(Had been under Care of another Dr previously)	
Other contributory causes of importance:	
Pyelo-Nephritis	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Physical & Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) C. D. Esser M. D.

(Address) 4936 Park Heights Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75471 32801 — 32801 — 122-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Matthews

(a) Residence: No. [illegible] Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 11/8/86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Emma Palmer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date Aug. 12, 1933
Towson Md.

19. UNDERTAKER Thomas E. Kelsh
(Address) 1206 Pennsylvania Ave

AUG 12 19 33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1933 to Aug 9 . 1933
I last saw her alive on Aug 9 . 1933 Death is said to have occurred on the date stated above, at 11:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	July 31
Broncho pneumonia	Aug 3

Other contributory causes of importance:
? Subacute nephritis

Name of operation Release of Adhesions Date of Aug 1

What test confirmed diagnosis? Exp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 2500

32802 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32802

137

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Edmondson Ave Ward 01)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Lucy Anne Braxton

(a) Residence: No. 804 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

13. NAME OF FATHER Zachary Carter

14. BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co Va

15. MAIDEN NAME OF MOTHER Frances Hall

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co Va

17. INFORMANT Lisa Lyncoln
(Address) 804 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 12, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

FILED AUG 12 1933 (Signature) Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12 1933 to Aug 8, 1933

I last saw her alive on Aug 8 1933 and death is said to have occurred on the date stated above, at 6.35 pm

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis —
Nephritis Chr. —
Myocarditis Chr —

Other contributory causes of importance:

Congestive Heart Failure —

Name of operation — Date of —

What test confirmed diagnosis Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) W. S. Hoselle M. D.

(Address) 601 Carrollton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 32803 (32803) 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Patrick Doridge

(a) Residence: No. 303 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	col	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen Doridge.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Emile Doridge

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Adelia Barbin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) City Hosp Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Date Aug 12, 1933

19. UNDERTAKER (Address) 322 S. Schroeder St.

Filed Aug 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/5, 1933 to 8/8, 1933

I last saw him alive on 8/6, 1933 Death is said to have occurred on the date stated above, at 2:35 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic hypertrophy	5 yrs

Other contributory causes of importance:

Acute retention	3 days
Uremia	

Name of operation Suprapubic cystotomy Date of 8/6/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T Pownall, M. D.

(Address) Balt City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

32804 E 32804

CERTIFICATE OF DEATH

V 132

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 Mosher St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice Sitts

(a) Residence: No. 541 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel

6. DATE OF BIRTH (month, day, year) ? 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ernest Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rachel Turner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rachel Williams (Address) Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/17/33

19. UNDERTAKER Mrs. Lizzie E. Killam (Address) 1201 Druid Hill Ave

Huntington Williams Mgr.

AUG 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10 33

22. I HEREBY CERTIFY That I attended deceased from July 6 1933 to Aug 10 1933

I last saw h. alive on Aug 10 1933 Death is said to have occurred on the date stated above, at 1?? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	8/10/33
	8/10/33

Other contributory causes of importance:

Pyelitis, Acute	7/4
Pneumothorax Left	33

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) [illegible] M. D.

(Address) 1215 E. [illegible]

M. D. B. 1268-0

2-754-27

HEALTH DEPARTMENT—CITY OF BALTIMORE

2-E 92805

CERTIFICATE OF DEATH

2-E 92805

Registered No. 32805

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacqueline Myers

(a) Residence: No. 1046 N. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-19-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Myers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Esther Matthews

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place W. Lawn Date 8/12/33 19

19. UNDERTAKER Mrs. Hazel E. Keller
(Address) Perpetual Cemetery

20. FILED AUG 12 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 10. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30. 1933 to Aug 10. 1933
I last saw h[illegible] alive on Aug 10. 1933 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - miliary	
Other contributory causes of importance:	
	Aug

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John H. Waggoner M. D.

(Address) Johns Hopkins Hosp.

AUG 12 1933

M. D. H. 1268-0

32806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32806

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1902 McCulloh St. 14-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Scott

(a) Residence: No. 1902 McCulloh St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie

6. DATE OF BIRTH (month, day, year) 1871-6-24

7. AGE Years 62 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase md

13. NAME Josiah Scott

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Katie Madison

(Address) 1902 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Chase Md Date 5/14/21 19

19. UNDERTAKER Geo. E. Zell & Son

(Address) 1911 W. Pratt St.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) May 10th 1921

22. I HEREBY CERTIFY, That I attended deceased from May 1 19 21 to May 10 19 21

I last saw h alive on May 1 19 21 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer Uteri 6 months

Other contributory causes of importance:

Name of operation Negative Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Force Coroner, M. D.

(Address)

H. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92807 E 92807

CERTIFICATE OF DEATH

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3-D Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY ANNA PEHRINGER.

(a) Residence: No. 3425 Hudson St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Pehringer.

6. DATE OF BIRTH (month, day, year) Oct. 20 1848.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Martin Ahman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank Pehringer (Husband)
(Address) 3425 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Aug. 14, 1933

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 403 S. Hoffe St.

20. FILED 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Strangulated Hernia

Name of operation Date of No

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. F. Hergrove M. D. Coroner

(Address) 3353 Elliott Park

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92808 — 1/54E 92809

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2[illegible]-[illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Bond

(a) Residence: No. Longwood Rd & Belmont Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug 31 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Clarence Bond

14. BIRTHPLACE (city or town) (State or country): Sparks Maryland

15. MAIDEN NAME: Esther Gelat

16. BIRTHPLACE (city or town) (State or country): Shawan Maryland

17. INFORMANT (Address): Clarence Bond Glen Arm Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
Place Bixleys-Sparks Date Aug 14, 1933

19. UNDERTAKER (Address): Edw. C. Brockenbrough Sparks Md.

Registrar: Thurlington Williams, M.D.

AUG 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1933 to 8-12, 1933

I last saw him alive on 8-12, 1933 death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerular Nephritis	5-6 wks.

Other contributory causes of importance:

Osteomyelitis (Rt. Tibia)	1 year ago

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) J. F. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92809 — 15 — E 92809

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. St., (Ward) 15 Bath
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. If not in city or town, how long in place of former birth? yrs. mos. da.

2. FULL NAME Unnamed Premature (Dash)
(a) Residence: No. 1506 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): Aug 9-1933
8. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto
13. NAME: Carl E Dash
14. BIRTHPLACE (city or town) (State or country): Balto
15. MAIDEN NAME: Ruth Shawker
16. BIRTHPLACE (city or town) (State or country): Balto
17. INFORMANT: Leo Shawker
(Address): 1506 Washington Blvd
18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Cem Date: Aug 12th 1933
19. UNDERTAKER: Charles W Dill
(Address): 3109 Frederick Ave
Huntington Williams, M.D.
Registrar

AUG 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 11th 1933
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation: Regular Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R Link M. D.
(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92810 ✓ E 92810

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 13 Registered No. 17-81
CITY OF BALTIMORE: (No. 1514 Druid Ave St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Whiting

(a) Residence: No. 551 W. Hoffman St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida Brown
(Address) 551 W. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Jacksonville Fla Date Aug 14 . 1933

19. UNDERTAKER Joseph A Lively
(Address) 409 N. Mount Street

20. [illegible] Williams M.D.
Registrar.

3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-11 . 1933 to 8-10 . 1933
I last saw h W alive on 8-10 . 1933 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pneumonia	8-7

Other contributory causes of importance:
Acute Peritonitis Cardiac Vascular Renal Disease

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. T. Harris M. D.
(Address) Provident Hosp

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47E 92811

92811

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adolf Vobalesky

(a) Residence: No. 1732 Oakley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 22 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Rozalia Vobalesky

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Rozalia Janeza

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Elizabeth Nau

(Address) 1732 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 17, 1933

19. UNDERTAKER John F. Connelly

(Address) Essex Md

Aug 3 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	

Other contributory causes of importance:

Name of operation Autopsy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B F Storey M D Coroner

(Address) 1305 N Patterson Pk ... M. D.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92812

CERTIFICATE OF DEATH

92-801 E 92812

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Woodbrook Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Latter

(a) Residence: No. 2516 Woodbrook Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If ~~married~~ ~~widowed~~ or ~~divorced~~ HUSBAND of (or) WIFE of: Susan Latter

6. DATE OF BIRTH (month, day, year): 1859

7. AGE: Years 74 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Peter Latter

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Krause

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. William Wild

(Address) 3213 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug. 14, 1933

19. UNDERTAKER: Harry W. Ehlen

(Address) 1944 W. Northern

AUG 13 1933 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-10-1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of Heart.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Thos. J. Mongan M. D.
Coroner

(Address) 3612 E. Roland Ave

A&Co. 5-31 250B

92813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92813

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Hudson St. 1-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christina Waters

(a) Residence: No. 3007 Hudson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George B. Waters

6. DATE OF BIRTH (month, day, year) April 4th 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Fred Wagner

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Catherine Hall

(Address) 919 S. Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Aug 14 1933

19. UNDERTAKER Frank V. Pepitone

(Address) 2515 E. Baltimore St

Huntington Pittsburgh Pa

31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933, to Aug 11 1933

I last saw h[illegible] alive on Aug 10 1933 death is said to have occurred on the date stated above, at 1 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Cerebral Hemorrhage Aug 3	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Abram J Beckman M. D.

(Address) 3502 Fait ave

M. D. R. 1268-a

E 92814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92814

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Providence 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Peters

(a) Residence: No. 1015 Providence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) Dec 25-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME ? Peters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosa Myers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Peters
(Address) 1015 Providence

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 8/14/33

19. UNDERTAKER Mrs. George H. Holland
(Address) 162 E. Eutaw St.

3 1933 Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1932 to Aug 12, 1933

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostate	Mar 32

Other contributory causes of importance: None

Name of operation..... Date of .....

What test confirmed diagnosis? Impl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O H Pearce, M. D.

(Address) 2105 Clark St

M. D. B. 1268-9

E 92815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92815

92815

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Annie Cunningham

(a) Residence: No. 1518 N Carrollton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anita Cunningham

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) North Carolina

FATHER

13. NAME —

14. BIRTHPLACE (city or town) ..... (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) ..... (State or country) —

17. INFORMANT Anita Cunningham (Address) 1518 N Carrollton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Aug 15, 1933

19. UNDERTAKER Thomas E K Sloan (Address) 1303 Presstman St

[illegible] Registrar.

20. FILED AUG 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1933 to 8-11, 1933

I last saw h[illegible] alive on 8-11, 1933 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-7-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. Harris, M. D.

(Address) Provident Hospital

M. D. B. 1268-9

E 92816 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92816

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 15-01 St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Bowman

(a) Residence: No. 604 Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 52	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Maryland

FATHER

13. NAME John Bowman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Victoria Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 8/14 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Westwood St. Huntington Williams, Registrar.

13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1933, to 8-10, 1933

I last saw him alive on 8-10, 1933. Death is said to have occurred on the date stated above, at 6.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	6/33
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Thomas M. D.

(Address) Md. Gen. Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92817 E 92817 E 92817

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 1549 Leslie St 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Monroe Mannings Jr

(a) Residence: No. 1549 Leslie St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 17, 1933

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 Mos	6 Mos	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Monroe Mannings Sr.

14. BIRTHPLACE (city or town) Jaffrey S. H.
(State or country)

15. MAIDEN NAME Ellen Wilkins

16. BIRTHPLACE (city or town) Jaffrey S. H.
(State or country)

17. INFORMANT Father
(Address) 1549 Leslie St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date Aug 14, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Bressman St

20. FILED Aug 14 1933 Huntington Williams N.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1933 to Aug. 12, 1933

I last saw h.. alive on Aug 12, 1933 death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Indigestion	Aug 10 33
Other contributory causes of importance:	
Bronchitis	Aug 10
Pneumonia	Aug 10, 33
Dehydration & Collapse	

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Lewis M. D.

(Address) 1364 N. Stricker St

M. D. B. 1268-0

E7 92313

HEALTH DEPARTMENT—CITY OF BALTIMORE

92818

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto Gen. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 13-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Taylor

(a) Residence: No. 3601 Ash Av. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/12/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Taylor

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annabelle Parks

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Marys Rampdm Date Aug. 14- 1933

19. UNDERTAKER Horace T. Burgee
(Address) 3631 Falls Road

Huntington Williams, N.T. Registrar.

AUG 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12- 1933

22. I HEREBY CERTIFY, That I attended deceased from 2:20 A M 8/12 1933 to 5:25 P M 8/12 1933

I last saw him alive on 8/12 1933 Death is said to have occurred on the date stated above, at 5:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo.)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John K. Lynch M. D.

(Address) 1 W. 39th St.

M. D. B. 1268-B

E 92819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92819

CERTIFICATE OF DEATH

V 154

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Genl. Hosp. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME James Vincent Brooks Jr. (James Vincent Brooks Jr.)

(a) Residence: No. 4424 Wickford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 22, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	10	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Claire Bodge Boyle

16. BIRTHPLACE (city or town) (State or country) Liberty Town, Md.

17. INFORMANT James V. Brooks
(Address) 4424 Wickford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 8/14, 1933

19. UNDERTAKER Harry W. Mears and Son
(Address) 805 N. Calvert St.

20. [illegible] Baltimore, Md.
Registrar.

AUG 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/11/33, 19..., to 8/12/33, 19...

I last saw him alive on 8/12/33, 19... Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Carditis	8/4/33
Other contributory causes of importance:	
Shock	8/11/33
Cardiac Failure	8/11/33
Over whelming Infection	8/11/33

Name of operation Curettement & Drainage of Femur (Left) Date of 8/11/33

What test confirmed diagnosis? Lab & Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signature) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 92820

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92820

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 706 N. Rose St St., 7-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 40 yrs. ..... mos. ..... ds.

2. FULL NAME Christina Moravec

(a) Residence: No. 706 N. Rose St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Moravec

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Charvat

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Barbara Ceska

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Moravec

(Address) 706 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 14, 1933

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

DEC 31 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 33 to Aug 11, 33

I last saw him alive on Aug 11, 33 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 8/7/33

Hypostatic Pneumonia

Paralysis Agitans

Other contributory causes of importance: Acute Cardiac Dilatation — 1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. Rea Reynolds M.D.

(Address) 806 Medical Arts

M. D. B. No. E 92821

E 92821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Ashland Ave. St., 7-06 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Alice Shipley

(a) Residence: No. 2722 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. H. Shipley

6. DATE OF BIRTH (month, day, year) Oct. 1, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 77	10	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Relay Md.

FATHER

13. NAME Michael H. Elder

14. BIRTHPLACE (city or town) (State or country) Relay Md.

MOTHER

15. MAIDEN NAME Elizabeth Woodward

16. BIRTHPLACE (city or town) (State or country) Relay Md.

17. INFORMANT Wm. Richardson
(Address) 2722 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Friends Cem Date Aug 14, 1933

19. UNDERTAKER John Ullrich
(Address) 2008 Aliceanna
Huntington Williams Asst. Registrar.

FILED 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jul 2, 1933 to Aug 10, 1933

I last saw h alive on Aug 10, 1933 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Of Uterus & Intestines	1 yr
Other contributory causes of importance:	
Intoxication	30 hrs

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Edward E Cook M. D.

(Address) 413 N Washington

M. D. B. 218-0 E 92822

E 92822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 120

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 William St. 24-11 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gabriel Bowen

(a) Residence: No. 1739 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/18/1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Alfred H Bowen

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Ottenberg

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Alfred H. Bowen
(Address) 1739 William St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Aug 15, 1933

19. UNDERTAKER John Wenck
(Address) 2008 Arch St

3 1933 Huntington Williams, N.F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1933 to Aug. 12, 1933

I last saw h[illegible] alive on Aug. 12, 1933 Death is said to have occurred on the date stated above, at 1 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lio Colitis	8/9/33
Other contributory causes of importance: Exhaustion	8/11/33

Name of operation none Date of

What test confirmed diagnosis Clinical Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Campbell M. D.

8/12/33 (Address) 1644 Hanover St

M. D. B. 1268 E 92823 E 92823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 161-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Silberstein

(a) Residence: No. 2403 Callow Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years | Months | Days | If LESS than 1 day: 2 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Joseph Silberstein

14. BIRTHPLACE (city or town) (State or country): Boston Mass.

MOTHER

15. MAIDEN NAME: Freda Burkowitz

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Wilson Cemetery Date: 8/13/33

19. UNDERTAKER: Levy Bros. Inc.

(Address): 1739 E. Baltimore St.

8/13/1933 Huntington Williams N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-12-, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1933 to August 12, 1933

I last saw h.. alive on August 12, 1933 Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

Collapse of Lung — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

AdCo. 5-31 25M E 92824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92824

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Hollins St. 20-41 Ward)

Length of residence in city or town where death occurred 25 yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Nettie M. Sorge

(a) Residence: No. 1928 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Karl Sorge

7. DATE OF BIRTH (month, day, year) Dec 23-1892

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

13. NAME OF FATHER William Bowles

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Margaret Liggett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Karl Sorge (Address) 1928 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 14. 1933.

19. UNDERTAKER Charles J. Schwartz (Address) 505 N. Monroe St

20. FILED AUG 3 1933 Eugene Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1933 to August 11th 1933

I last saw her alive on Aug 11th 1933 death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	Abt 1923
Acute Intestinal Colic	Aug 7 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) ... M. D.

(Address) 1701 N. Patterson Park Ave

M. D. B. 1268 E 32825 E 32825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 35

1. PLACE OF DEATH Baltimore City Hospitals — St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Queen Murray

(a) Residence: No. 423 W. Hamburg St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Father Murray

6. DATE OF BIRTH (month, day, year) 3/17/1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co., Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Lottie Murray

(Address) 423 W Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place P.C.M.S. Date 8/13, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED 8 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/8/33, 19, to 8/9/33, 19

I last saw him alive on 8/9/33, 19. Death is said to have occurred on the date stated above, at 8:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral stricture with acute urinary retention	1 day
Uremia	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magruder, M. D.

(Address) Asst. City Hosp.

M. D. B. 1933-2 E 92826

E 92826

93-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 W Milton St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Snyder

(a) Residence: No. 1427 W. Milton St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 9-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Agnes Snyder

(Address) 1427 W Milton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Aug 14 1933

19. UNDERTAKER J. C. Miller

(Address) 1735 E. Lanvale St.

Filed AUG 13 1933 19 Registrar Williams

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Aug 11th 1933

I HEREBY CERTIFY, That I attended deceased from Aug 9 to Aug 11 1933

I last saw h alive on Aug 9 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Falk Coroner, M. D.

(Address)

M. D. B. 1268-9 E 92827

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92827

92827

185

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hosp. St., 5-01 Ward)

Length of residence in city or town where death occurred Suburb yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Hall

(a) Residence: No. 442 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A13
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12a

12. BIRTHPLACE (city or town) (State or country) W. Va

13. NAME W. D. Hall
14. BIRTHPLACE (city or town) (State or country) Richmond
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lynchburg, Va Date Aug 15th 33
19. UNDERTAKER Stewart Mortuary Co.
(Address) Huntington W. Va.

AUG 13 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Aug 13th 1933

I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on Aug 13th Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Accidental Peritonitis
Stab wound of Abdomen
While at work in Butcher Market ran into Butcher knife which was lying partly on Block on stall.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. C. Link M. D.
Coroner

(Address)

M. D. B. 1268-9

32828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32828

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Parkway St., 1 Roland ave Ward) 21 31

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Philip Biays

(a) Residence: No. Chadford Apts St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Nellie Jones Biays

6. DATE OF BIRTH (month, day, year) Sept. 17, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	10	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer Fidelity Deposit Security

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Oct. 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Cockeville Maryland

FATHER

13. NAME James Philip Biays

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Hodges

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James P. Biays Jr.
(Address) Chadford Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Aug 14 1933

19. UNDERTAKER Henry M. Jenkins Sons Co.
(Address) Mt. Royal ave & Maryland ave

Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 1931, to August 12, 1933

I last saw h~~im~~ alive on July 1, 1933 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis & hypertension	
Hemiplegia	

Other contributory causes of importance:

Cerebral accident

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Henry M. Thomas Jr. M. D.

(Address) 1201 N. Calvert St

M. D. B. 1268-B E 92829

E 92829

27544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 6-01 St., ... Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie Thompson

(a) Residence: No. 2211 Linsene St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/18/72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME Emil Thompson
14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Jennie Schaefer
16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Aug 14 1933

19. UNDERTAKER M. E. Grossnickle
(Address) 64 W. 36th St

20. FILED Aug 14 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to Aug 11 1933
I last saw her alive on Aug 11 1933 Death is said to have occurred on the date stated above, at 3 15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	1 year
metastasis to liver and Peritoneum (autopsy)	
Acidosis (post-operative)	8-10-33
Radical removal of right breast	8-5-33

Other contributory causes of importance:

Chronic nephritis	?
Obesity 215 Lbs.	10 yrs?

Name of operation Radical Removal of Right Breast Date of 8-5-33
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....
(Signed) Lamar Alexander Gray M. D.
(Address) Johns Hopkins Hospital Baltimore

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92830 23 E 92830

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 11 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Janet W Cramer

(a) Residence: No. 8 Arizona Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 25, 1932

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Cramer

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sylvia Pente

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Sylvia Cramer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug 15 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

AUG 14 1933 Registered Washington Wellington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to Aug 13 1933

I last saw h.er alive on Aug 13 1933 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 1/2 yrs
	Before
Other contributory causes of importance:	
Emphysema, (Left	1 yr
(Pneumothorax Induced)	6-29-33

Name of operation Thoracotomy Date of 7-1-33

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Bultemeyer M. D.

(Address) Mercy Hospital Baltimore, Md

M. D. R. 1268-9

92831

HEALTH DEPARTMENT—CITY OF BALTIMORE

92831

CERTIFICATE OF DEATH

× 53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman's Hosp— (St., 14-81 Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Bell Walters

(a) Residence: No. Sparks, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Rife Walters

6. DATE OF BIRTH (month, day, year) Jan 15, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	7	27 76	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 03

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER'S MAIDEN NAME

13. NAME Wm Shepherd

14. BIRTHPLACE (city or town) Martinsburg (State or country) West Va

15. MAIDEN NAME Elizabeth Shawen

16. BIRTHPLACE (city or town) Frederick (State or country) Md

17. INFORMANT Harry T. Walters (Address) Sparks, Md

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Aug 14th, 1933

19. UNDERTAKER Wm Cook & Son et al (Address) 1217 E. Fayette St

FILED AUG 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to Aug 11, 1933

I last saw h... alive on Aug 11, 1933 Death is said to have occurred on the date stated above, at 8:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	Aug 11, "

Other contributory causes of importance:

Goitre, adenomatous, colloid	1925
Secondary anaemia	1931
Hypertension, essential	1

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Beverley C. Compton, M. D.

(Address) Womans Hosp.

Secure H.O.S.—M&T—1500 Blks.

92832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

144-E 92832

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1756 Bank Street ST. 2-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Dix

(a) RESIDENCE NO. 1756 Bank Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

X

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Dix

6 DATE OF BIRTH (month, day, and year): April 23, 1906

7 AGE: Years 27 Months 3 Days 18 (17) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Bolesalaus Szydlowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Catherine Jablonski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mr. James Dix

(Address): 1756 Bank Street

15 8-4-1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 10 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 1933 to Aug 10 1933

that I last saw her alive on Aug 10 1933

and that death occurred, on the date stated above, at 230 P. m.

The CAUSE OF DEATH* was as follows:

Shock - Hemorrhage following placenta previa

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reynolds M. D.

Aug 14-33 (Address) 802 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: Aug 14 1933

20 UNDERTAKER: John M Weber

ADDRESS: 401 S Chester St

Spec.—1-12-23—M&T—500 Blks.

E 32833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32833

94-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Mc Elderry St. 26-01 WARD)

2-FULL NAME Margaret A. Wootton

(a) RESIDENCE NO. 3308 Mc Elderry ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas. S. Wootton

6 DATE OF BIRTH (month, day, and year) Jan. 9. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	78	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hiuse work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reistertown Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Reistertown

12 MAIDEN NAME OF MOTHER Margaret A. Weaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Reistertown

14 Informant Mrs. Albert Green

(Address) 3308 Mc Elderry St.

15 Filed 1933, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 1933

17 I HEREBY CERTIFY, That I attended deceased from 8/11, 1933, to 8/11, 1933, that I last saw h[illegible] alive on 8/10, 1933, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hugh L. Walker, M. D.

8/11, 1933 Address 3323 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL RIDGE CEMETERY

DATE OF BURIAL 8.14. 1933

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun & Hollins. st.

Spec.—8-16-29—L. F. S.—100 Blks.

E 32834

11-002

32834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1715 Harman ST. 25th WARD)

2—FULL NAME Mrs Phoebe May Owens

(a) RESIDENCE NO. 1715 Harman Ave ST., 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 0 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Thomas Owens

6 DATE OF BIRTH (month, day, and year): Jan 12 1880

7 AGE: Years 53 | Months 7 | Days 0. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Dalton Md.

10 NAME OF FATHER: Henry T. Davis.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales.

12 MAIDEN NAME OF MOTHER: Mary Stephens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Katie A Ferrell.
(Address) Landalltown Md.

15 Filed: 141933 Huntington Williamson N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 12, 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 12, 1933

that I last saw h-m alive on Aug 12, 1933

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza. Intestinal type (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) A Hammond Meeks M. D.

Aug 13, 1933 (Address) 2410 Kelly Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodland Memorial Park — DATE OF BURIAL: Aug 15 1933

20 UNDERTAKER: J. Thomas Jackson, Dundalk Md — ADDRESS

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92835

CERTIFICATE OF DEATH

92835

Registered No. 127-002

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 8231 N. Charles St. Ward) 8-01

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine A. Dodge

(a) Residence: No. 8231 N. Charles St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. DATE OF BIRTH (month, day, year): Feb 8 1893
7. AGE: Years 40 Months 4 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chelsea Mass

MOTHER
13. NAME: Mary Downey
14. BIRTHPLACE (city or town) (State or country): Mass

FATHER
15. NAME: Henry Dodge
16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMANT: Mary J. Dodge 8231 N. Charles St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Aug 16 1933
Place: Balto. Cem. Date:

19. UNDERTAKER: Wm. Pickuer & Son
(Address) 4[illegible] Balto, Md.

20. FILED Aug 14 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12th 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	

Other contributory causes of importance:

Name of operation: Rectal Date of

What test confirmed diagnosis: Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Smith M. D.
Coroner

(Address)

M. D. B. 1268-9

E 92836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92836

CERTIFICATE OF DEATH

54

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Robert Soper

(a) Residence: No. 2301 W. Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emily P. Soper

6. DATE OF BIRTH (month, day, year): Jan. 21, 1875

7. AGE: Years 58 | Months 6 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Edgeridge Md.

FATHER

13. NAME: Edwin Soper

14. BIRTHPLACE (city or town) (State or country): Edgeridge Md.

MOTHER

15. MAIDEN NAME: Alberta Jeffries

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Emilie P. Soper

(Address) 2301 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Aug. 4 1933

19. UNDERTAKER: C. W. Hickey Sons

(Address) Lord & Fremaux Aves. Baltimore, Md.

20. FILED Aug 4 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

Diabetes & Arterio Sclerosis 2 years

Date of onset

Other contributory causes of importance:

Name of operation: Bunion Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hurst Coroner M. D.

(Address)

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92837 92837

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH Md Gen. Hospital

CITY OF BALTIMORE: (No.) St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Edwin Hahn

(a) Residence No. 1 St. Luke's Lane St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beulah E. Hahn

6. DATE OF BIRTH (month, day, year) October 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodlawn, Md.

FATHER

13. NAME Herman Hahn

14. BIRTHPLACE (city or town) (State or country) Woodlawn, Md.

MOTHER

15. MAIDEN NAME Elizabeth Kalb

16. BIRTHPLACE (city or town) (State or country) Woodlawn, Md.

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cemetery Date Aug. 14, 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

20. FILED Aug 14 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1933 to 8-11, 1933

I last saw him alive on 8-11, 1933 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Arteriosclerosis
Cardiac Hypertrophy

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32838 124 L 32838

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 E. Barney St. 24-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda V. Voyce

(a) Residence: No. 113 E. Barney St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Voyce

6. DATE OF BIRTH (month, day, year) Feb. 17, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Isaac Moore

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Angelina Yates

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lillian Shakespeare
(Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Aug. 14, 1933

19. UNDERTAKER J. H. Grace & Son
(Address) [illegible]

[illegible] Huntington Williams, Registrar. Aug 12/33

AUG 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to Aug 11, 1933

I last saw her alive on Aug 11, 1933 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	[illegible]
	[illegible]
Other contributory causes of importance:	
Exhaustion	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Campbell M. D.

(Address) 1644 Hanover St.

M. D. B. 1268-9

E 92839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92839

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins 7-01

CITY OF BALTIMORE (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Mooney

(a) Residence: No. 1514 E Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) Feb 2-1900

7. AGE: Years 33 | Months 6 | Days 9 | If LESS than 1 day, hrs. ..... or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Wm R. Mooney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Wilhelmina Lee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wilhelmina Mooney

(Address) 1514 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 14th 1933

19. UNDERTAKER Brown & Mamie E. Wright

(Address) 1218 Dne & Liberty St

AUG 14 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Aug 11 1933

I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... and death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage 6 months — Date of onset

Other contributory causes of importance: Pulmonary Phthisis

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Feldman Coroner, M. D.

(Address) Coroner

M. D. B. 1268-9

Bowman ✓ E 92840

92840 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (Street) 11-01 (Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Bowman

(a) Residence: No. 908 Mortis St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mabel Bowman

6. DATE OF BIRTH (month, day, year) 1900 ?

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ? (State or country) Virginia

FATHER

13. NAME John Bowman

14. BIRTHPLACE (city or town) ? (State or country) Virginia

MOTHER

15. MAIDEN NAME Betty Bigelow

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Friends
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 8/14 1933

19. UNDERTAKER Samuel T. Hemsley
(Address) 578 N Bradford St

20. FILED AUG 14 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 1933 to Aug 12 1933

I last saw him alive on Aug 12 1933 Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess, tuberculosis	6 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. P. Mazzei, M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

✓ E 92841

92841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 E. Federal St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lottie C. Duchsled

(a) Residence: No. 1307 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Duchsled

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary C. Ritter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Augustus G Bauer

(Address) 1307 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date Aug 14 1933

19. UNDERTAKER John O Mitchell & Sons

(Address) 720 Eutaw Place

20. FILED Aug 14 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24 1933 to Aug 11 1933

I last saw her alive on Aug 10 1933 Death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	Aug 5-33
Diabetes Mellitus	15 yrs.
General arteriosclerosis	

Other contributory causes of importance:

Chronic nephritis
Obesity

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathaniel M Beck M. D.

(Address) St Paul 23 rd Sts.

E 92842

Form P.H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Club Road, 27-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert P. Strobel Jr

(a) Residence: No. 302 Club Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriett G. Zimmerman

7. DATE OF BIRTH (month, day, year) May 26, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. real estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Strobel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Eleanora Jenkins

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Albert P. Strobel Jr.
(Address) 302 Club Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemty. Date Aug. 14, 1933

19. UNDERTAKER Chas O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Aug 14 1933, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cardiac Thrombosis — Date of onset

Other contributory causes of importance:

General Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If ... (specify) ...

(Signed) H. Morgan Hollander M. D. Coroner

(Address) 3632 Roland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 302 Club Road St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert P. Strobel, Jr.

(a) Residence: No. 302 Club Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Harriet G. Zimmerman

6. DATE OF BIRTH (month, day, year) May 26, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. real estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Strobel

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Eleanora Jenkins

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Albert P. Strobel, Jr.
(Address) 302 Club Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemty Date Aug. 14, '33

19. UNDERTAKER John O. Mitchell & Sons, inc
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1929. to Aug 12, 1933.
I last saw h.. alive on Aug 9, 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Death. Probably Cardiac Thrombosis. Stood few minutes from onset of attack -	
Other contributory causes of importance:	
Generat Arteri Sclerosis	1929

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Tilden Porter M. D.

(Address) 4122 Roland Ave

M. D. B. 1268-9

32843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-003

1. PLACE OF DEATH Provident Hospital 14-01

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sally Marshall

(a) Residence: No. 1902 Druid Hill St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	single

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Thorgood Marshall

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Danville (State or country) Va

FATHER

13. NAME Charles Green

14. BIRTHPLACE (city or town) Calvert Co (State or country) Md

MOTHER

15. MAIDEN NAME Sallie Thomas

16. BIRTHPLACE (city or town) A. A. Co. (State or country) Md

17. INFORMANT Dorothy Hicks

(Address) 1330 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 14 1933

19. UNDERTAKER J. G. Brooks

(Address) 1121 W. Baltimore St

Huntington Williams M.D.

AUG 14 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1933 to August 10, 1933

I last saw her alive on August 9, 1933 Death is said to have occurred on the date stated above, at 5:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2 dys

Other contributory causes of importance:

Chr. Myocarditis	4 yrs
Post Operative	

Name of operation Hysterectomy Date of 8-8-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Goodhaw Hagins M. D.

(Address) Provident Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92844

CERTIFICATE OF DEATH

46 E 92844

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Elm ave St. 13-21 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Charles W. Shutt

(a) Residence: No. 3808 Elm Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5, 1907.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George W Shutt.
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Chaney
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ella Rodgers.
(Address) 3808 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Aug 14, 1933

19. UNDERTAKER Chenoweth & Son
(Address) 3615 Chesapeake Ave

Huntington Filed Aug 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . Death is said

I last saw h alive on , 19 at m.

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J Mowrosen Coroner, M. D.

(Address) 2672 Roland

M. D. B. 1268-9

E 92845 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92845

163

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE (No. Johns Hopkins Hosp. St., 6-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Therese Lang

(a) Residence No. 1906 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edgar A Lang
6. DATE OF BIRTH (month, day, year): Jun 24 1861
7. AGE — Years: 72 Months: 1 Days: 19 If LESS than 1 day, hrs. or min.:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) employed in this occupation: 37
12. BIRTHPLACE (city or town) (State or country): Baltimore Md
13. NAME: Christiana Brandfelder
14. BIRTHPLACE (city or town) (State or country): Baltimore Md
15. MAIDEN NAME: Rosina Frederick
16. BIRTHPLACE (city or town) (State or country): Pa
17. INFORMANT: Christina McDonald
(Address): 608 Old Town Rd
18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: Aug. 15 1933
19. UNDERTAKER: Richard F. Cuddy
(Address): 700 [illegible]
Filed: AUG 14 1933, 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12 1933
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on Surgery Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Poison	
Other contributory causes of importance:	

Name of operation: Regular Date of:
What test confirmed diagnosis: Was there an autop: No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.
(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92846 ✓ E 92846

92846

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 2937 Clifton Ave. 15-01 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Shirley Rector

(a) Residence: No. 2937 Clifton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Rector

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Robert L. Rector
(Address) Hospital record 2937 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem. Date Aug. 14, 1933

19. UNDERTAKER J. Vernon Kushner
Address 1532 Hollins St. Huntington Williams, Registrar

AUG 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1933 to Aug. 12, 1933.
I last saw her alive on Aug. 12, 1933. Death is said to have occurred on the date stated above, at 4:40 p. m.

The principal cause of death and related causes of importance were as follows:

Osteomyelitis of L. tibia — Date of onset ..... grad

Other contributory causes of importance:

Septicaemia

Name of operation Curettage, tibia Date of 7/11/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. E. Proctor M. D.

(Address) Md. General Hospital.

M. D. F. 1268-9

92847

HEALTH DEPARTMENT—CITY OF BALTIMORE

92847

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Brandoff

(a) Residence: No. 2351 Druid Hill Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Sarah .

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Brandorff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Brandorff

(Address) 2351 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Herbert Rosedale Date Aug 14 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1172 E Balto St

20. FILED Huntington Williams, M.D.

AUG 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13 1933 to Aug 14 1933

I last saw him alive on Aug 14 1933. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 10
Uremia	

Other contributory causes of importance:

Peptic Ulcer
Cardiac Hypertrophy and Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Levin, M. D.

(Address) Sinai Hospital

A4Co. 5-31 2501

HEALTH DEPARTMENT—CITY OF BALTIMORE

92848

CERTIFICATE OF DEATH

23E 92848

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N Spring St. 5-61 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Edwards

(a) Residence: No. 417 N Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1 - 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	4	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston Md

MOTHER FATHER

13. NAME Herman Edwards
14. BIRTHPLACE (city or town) (State or country) Richmond Va
15. MAIDEN NAME Daisy Seney
16. BIRTHPLACE (city or town) (State or country) Charleston Md

17. INFORMANT Herman Edwards
(Address) 417 N Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Aug 15 1933

19. UNDERTAKER Mrs Chas G Barber
(Address) 1421 Jefferson St

20. Filed Aug 16 1933 Thompson Williams Jr Registrar.

41933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933, to Aug 12, 1933
I last saw h alive on Aug 12 1933 death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Nephritis

Date of onset Aug 11th

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address)

M. D. B. 1268-9

92849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 E 92849

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Hosp St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Ludluff

(a) Residence: No. 1717 Guilford Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gustav Ludluff

6. DATE OF BIRTH (month, day, year) Aug 1, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lebanon Co Pa

MOTHER FATHER

13. NAME Samuel Engles

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Cath. Grumbine

16. BIRTHPLACE (city or town) (State or country) Pa ?

17. INFORMANT Records Balt. City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kennedy Md Date Aug 14 19 33

19. UNDERTAKER [illegible]

(Address)

[illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29 1933 to Aug 11 1933

last saw h alive on August 11 1933 Death is said to have occurred on the date stated above, at 11.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, Tertiary	?
Aortic Stenosis	4 yrs
Lobular Pneumonia	10 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magee M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-S

92850

HEALTH DEPARTMENT—CITY OF BALTIMORE

92850

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 76-81 Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James Jordan

(a) Residence: No. ? St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Aug 14. 1933

19. UNDERTAKER ? Vernon Keltzer

(Address) 1532 Indiana Ave Washington D.C.

20. FILED ..... 19..... Registrar.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29 1933 to July 14 1933

I last saw h... alive on July 14 1933 Death is said to have occurred on the date stated above, at 8 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary (Tabo-paresis)	?
Pulmonary tuberculosis, Chronic	1 Mo
Tuberculosis of kidney	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P Magill M. D.

(Address) Balt City Hosp

Spec.—2-29-28—L. F. S.—500 Bks.

E 92851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92851

CERTIFICATE OF DEATH

V. 157-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2201 Annapolis ST. 25-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Berger Jr

(a) RESIDENCE NO. 2201 Annapolis Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 10-1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Edward Berger Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Marie Kohler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Edward Berger

(Address) 2201 Annapolis Road

15 Filed Aug 14 1933, Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12-1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 12, 1933, that I last saw h[illegible] alive on Aug 11, 1933, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Morbus Coeruleus

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell, M. D.

8/12, 1933 (Address) 1279 Williams Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dolphin Cem

DATE OF BURIAL Aug 14 1933

20-UNDERTAKER Fred A. Lewis & Son

ADDRESS 703 E Hoffman

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92852

CERTIFICATE OF DEATH.

1 / 159 E 92852

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 Druid Hill Av St., 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Laurence Larkins

(a) RESIDENCE NO. 1235 Druid Hill Av ST., 11" WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 8-4-1933

7 AGE: Years 0 Months 0 Days 7 8

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George W. Larkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): George W. Larkins Husband 1235 Druid Hill Ave.

Filed 8 14 1933, 19 Huntington Pinkard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-11-1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933, to Aug 12, 1933, that I last saw him alive on Aug 11, 1933, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Probably Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Duncan, M. D.

8/12 1933 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 8-14 1933

20 UNDERTAKER: John M. Johnson

ADDRESS 1300 Madison Av.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92853

CERTIFICATE OF DEATH.

48 E 92853

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Pitman Place St.; 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor F Williams

(Residence in Baltimore: No. 408 Pitman Place St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. June 2, 1890 (Month) (Day) (Year)

7-AGE. 43 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housework (b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. John Bagley

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Sophie

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Williams

(Address) 196 Lanvale St.

15- Aug 15 1933 Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug 13th, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 6 1932, to Aug 13 1933, that I saw h- alive on Aug 13 1933, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

Contributory Cancer of Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward J Pauli M. D.

Aug 13, 1933 (Address) 920 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Balto Co DATE OF BURIAL. Aug 15, 1933.

20-UNDERTAKER Walter Davis ADDRESS 3418 Gretna Ave

Spec.—9-30—A. & Co.—250 Bks.

92851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 92851

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Ellwood ave. 1-01 WARD)

2 FULL NAME George S Gipe

(a) RESIDENCE NO. 417 N. Ellwood ave ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 11 mos 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~
HUSBAND of (or) ~~WIDOW of~~ Anna E. Gipe

6 DATE OF BIRTH (month, day, and year) Sept 1-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manager of Grocery Store
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Geo T. Gipe
11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md
12 MAIDEN NAME OF MOTHER Annie E Norman
13 BIRTHPLACE OF MOTHER (city or town) Salisbury
(State or country) Md

14 Informant (Address) Anna E. Gipe 417 N. Ellwood ave

15 4 1933 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13-33

17
I HEREBY CERTIFY, That I attended deceased from August . 1933 . to August . 1933
that I last saw h~~im~~ alive on August 13 . 1933
and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Chronic pachychymatous nephritis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Acute cholecystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) A. E. Schaefer M. D.
. 19 (Address) 1939 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Greenmount | DATE OF BURIAL Aug 16 1933

20 UNDERTAKER J Perry Gipe ADDRESS 1203 N. Broadway

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92855 E 92855

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5205 Hampnett Ave. St. 27-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loia Ann Campbell

(a) Residence: No. 5205 Hampnett Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daniel Campbell

6. DATE OF BIRTH (month, day, year) Oct. 4th. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James W. Campbell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah E. Schumacher

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Daniel Campbell
(Address) 5205 Hampnett Ave.

18. BURIAL, CREMATION, OR REMOVAL Meadowbrook Park Cem. Date Aug 15 19 33

19. UNDERTAKER Chas F. Grauel & Son
(Address) 118 Windsor Place Ave

20. FILED 19 Registrar.

141933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13th. 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Aug 13th 1933.

I last saw him alive on Aug 13 1933 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other contributory causes of importance:

Name of operation Radical Breast Date of? 1933

What test confirmed diagnosis Clinical & Pathological Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyla W. Felbey M. D.

(Address) 5103 Harford Rd.

E 92856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92856

CERTIFICATE OF DEATH.

Registered No. C 18 E 92856

1-PLACE OF DEATH
City of BALTIMORE: (No.) West Balto General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Lodt

(Residence in Baltimore: No. 2430 Eutaw Place St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: Oct 12 1873 (Month) (Day) (Year)

7-AGE: 60 yrs. 6 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): New York City

PARENTS.
10-NAME OF FATHER: Wolf Lodt
11-BIRTHPLACE OF FATHER. (State or Country): Germany
12-MAIDEN NAME OF MOTHER: Regina Konasse
13-BIRTHPLACE OF MOTHER. (State or Country): Bavaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Sadie Herman
(Address) 2432 Eutaw Place

15- Filed 41933
Huntington Williams, M.D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug (Month) 13 (Day) 33 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or Inquiry) thereon and from the evidence obtained therein find that said deceased came to death (Inquest, autopsy or Inquiry) on the day stated above.
The CAUSE OF DEATH was as follows:
Accident
2nd degree burns
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
clothing caught fire from gas
(Duration) yrs. mos. ds.
(Signed) Chas. Pugh M.D. Coroner
Aug 14 1933 (Address) 606 Fonk

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery DATE OF BURIAL. Aug 15 1933

20-UNDERTAKER. J. Apuzzo & Co ADDRESS 2432 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

32857

93E 32857

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 E 29th St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Frederick Snope

(a) Residence: No. 641 E 29th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Snope

6. DATE OF BIRTH (month, day, year): Aug 4 1880

7. AGE: Years: 53 | Months: 0 | Days: 9 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: John Snope

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Johanna Sophia

16. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

17. INFORMANT: Geo. W. Snope

(Address) 5502 Park Ave

18. BURIAL, CREMATION, OR REMOVAL: St. Mary's Cem Ky

Place Arlington Md Date Aug 16 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 E Paul St

Registrar.

AUG 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1933 to Aug 13 1933

I last saw him alive on Aug 13 1933 Death is said to have occurred on the date stated above, at 8 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 yr.
Uremic Convulsions	6 hrs.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas E Hooper M. D.

(Address) 2372 E Monument

M. D. R. 1268-4

HEALTH DEPARTMENT—CITY OF BALTIMORE

92858 — E 92858

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. 124-002

CITY OF BALTIMORE: (No.) St. 11-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Charles F. Keefe

(a) Residence: No. Rosebank-Dundalk St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Catherine Keefe

6. DATE OF BIRTH (month, day, year) Dec 29 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Winfield Keefe

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Susan Trumbo

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 16 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

4 1933 Huntington Hilligan & Co Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-25 1933 to 8-13 1933

I last saw him alive on 8-13 1933. Death is said to have occurred on the date stated above, at 11.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Atrophic Cirrhosis of Liver	1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92859 E 92859

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE — Balto Hosp. 70-01 (Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Celias Rehling.

(a) Residence: No. 46 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or race White — 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 5 1916

7. AGE: Years 16 | Months 7 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schools
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Wilton E Rehling
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Maria F Herbert
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Marion Rehling
(Address) 46 S. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery. Date Aug. 16 1933

19. UNDERTAKER Charles J. Schabat
(Address) 505 N. Monroe St.

Huntington Williams & Co
Registrar

AUG 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Virgus 19 Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Hemorrhage due pistol wound of head	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy?

If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Accident — Date of injury Aug 11 1933

Where did injury occur? Green Haven (Specify city or town, county and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Rose M. D. Coroner

(Address)

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92860

CERTIFICATE OF DEATH

97 E 92860

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 Greenmount Ave. 40-C Ward)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Loughran

(a) Residence: No. 842 Greenmount Ave. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Loughran

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

MOTHER FATHER

13. NAME James Berney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Mall

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Margt Malcolm 842 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Date Aug 16 1933

19. UNDERTAKER (Address) Wm Weddell 917 Greenmount Ave

Registered Aug 17 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/21 1933 to 8/13 1933

I last saw her alive on 8/12 1933 death is said to have occurred on the date stated above, at 10 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Ulcer Leg	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Richmond Wood M. D.

(Address) 1216 N Calvert St

M. D. B. 1268-9

92861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+50 E 92861

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 E. Federal St., 8-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Manie A. Dobson

(a) Residence: No. 1623 E. Federal St., Ward. Relay Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest H. Dobson

6. DATE OF BIRTH (month, day, year) ~~August 15~~ Sept 15 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11 10	14 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Madison Maryland

FATHER

13. NAME Anthony Wallace

14. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

MOTHER

15. MAIDEN NAME Adela Wollford

16. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

17. INFORMANT Mr. Edward I. Disney
(Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Aug. 15 1933

19. UNDERTAKER Rose & O'Cook
(Address) 1003 W. Baltimore St.

Huntington Williams, M.D.

AUG 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/13/ 1933 to 8/13/ 1933

I last saw her alive on 8/13/ 1933 Death is said to have occurred on the date stated above, at 3.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	5/13/33

Other contributory causes of importance:

Cachexia

Name of operation see other side Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo. E. Barber, M. D.

(Address) 1517 E. North Ave.

M. D. B. 1268-9

92862

HEALTH DEPARTMENT—CITY OF BALTIMORE

92862

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3727 Elm Ave St., 13-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Geasler

(a) Residence: No. 3727 Elm Ave St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George H. Geasler

6. DATE OF BIRTH (month, day, year): Oct. 17- 1853

7. AGE: Years 79 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Charles Thomas

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Lothia Deare

16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT: Mrs. Frederick L. Dixon

(Address) 3727 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug. 15 1933

19. UNDERTAKER: Horace F. Bissell

(Address) 3631 Falls Road

Huntington Williams, M.D. Registrar.

20. FILED AUG 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to Aug 12, 1933

I last saw her alive on Aug 12, 1933 Death is said to have occurred on the date stated above, at 7:50 m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 5 yrs ago

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis Grewund M. D.

(Address) 846 W 36 St —

M. D. B. 1268-9

✓ M E 92863

HEALTH DEPARTMENT—CITY OF BALTIMORE

92863

CERTIFICATE OF DEATH

+ 210-002

Registered No. 25-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 25-81 Ward)

Length of residence in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna S. Datterer

(a) Residence: No. 109 Douglas St St., Reading Pa Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: W. Scott Datterer ~~deceased~~

6. DATE OF BIRTH (month, day, year): unknown

7. AGE: Years 42 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Reading Pa

FATHER

13. NAME: Jacob T Schmitz

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Mary L. Bantredt

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Robert Pied

(Address) 109 Douglas St Reading Penna

18. BURIAL, CREMATION, OR REMOVAL: Reading

Place Charles Evans Date Aug. 17 1933

19. UNDERTAKER: Wendell & Diffee

(Address) 300 S. Edmondson Ave Baltimore Md.

FILED AUG 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 19 , to , 19

I last saw h alive on August, 19 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures — Date of onset

Shock

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/14/1933

Where did injury occur Washington Blvd. nr. Hollins, Balto.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F Kenny M. D.
Coroner

(Address) 1202 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92864

92864

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 West St., 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes T. Edwards

(a) Residence: No. 711 W. West St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Edwards

6. DATE OF BIRTH (month, day, year) Oct. 18-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Miller

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Chas. C. Edwards
(Address) 711 W. West St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug. 17. 33

19. UNDERTAKER Margaret E. Flynn
(Address) 1127 N. Milton Av.

20. FILED ..... 19 ..... Registrar

AUG 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25. 1933 to Aug 14 1933

I last saw h.. alive on Aug. 12 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of the Lungs	
Other contributory causes of importance: Tuberculosis	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Kann M. D.

(Address) 1215 Hanover

M. D. H. 1268-9

92865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173E 92865

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto Hosp. St., 23-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary H. Smith

(a) Residence: No. 611 Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmd
4. Color or race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm L. Smith

6. DATE OF BIRTH (month, day, year): Feb 8 1908

7. AGE: Years 25 | Months 6 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Wm Thaston
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER
15. MAIDEN NAME: Lottie Hunter
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Wm Smith
(Address): 611 N Carey

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: aug 16 1933

19. UNDERTAKER: Margaret J. Flynn
(Address): 1422 Light St

20. FILED: Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1933 to Aug 13 1933

I last saw h alive on Aug 13 1933 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Homicide Pistol wound of heart

Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of: no

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek Gardner, M. D. Coroner

(Address)

A&Co. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

2866

CERTIFICATE OF DEATH

48E 92866

1. PLACE OF DEATH 1233 Broadway

CITY OF BALTIMORE: (No. 1233 Broadway St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 2 ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Helen Mary Richards

(a) Residence: No. 1233 Broadway St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): June 12 1878

7. AGE: Years 55 | Months 2 | Days 2. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book Binder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Book Binding
10. Date deceased last worked at this occupation (month and year): June 31
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Edward F. Richards
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER
15. MAIDEN NAME: Catherine Conway
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Nanny Richards 1233 Broadway

18. BURIAL, CREMATION, OR REMOVAL Place: Holy Redeemer Date: Aug 16 1933

19. UNDERTAKER (Address): Henry Meyer Sons Inc 1301 E Baltimore St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to August 14, 1933
I last saw h.. alive on Aug 11, 1933 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum Ulcerating	June 1 1931
Other contributory causes of importance: Metastatic recurrence in Lungs, Myocarditis	June 5 1933

Name of operation: Amputation Colostomy Date of: Aug 25 1931
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... — 19 ...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas L Galvin M. D.
(Address) 1129 N Calvert St. BALTIMORE, MD.

M. D. B. 1268-9

✓ E 92867

HEALTH DEPARTMENT—CITY OF BALTIMORE

92867

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 702 W. La Fayette St., (14-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Pleasant Jr.

(a) Residence: No. 702 W La Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 14-1932

7. AGE: Years | Months: 7 | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John Reader Pleasant

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sylvia Pleasant

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Lucy Pleasant
(Address) 702 W La Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Date 8/15, 1933
Filed

19. UNDERTAKER: Samuel J Kemby
(Address) 578 N Bridge St Huntingdon Pa

20. FILED AUG 1933, 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on Aug 18 and to said

To have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	
H. Cause	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address)

M. D. B. 1268-9

92868 ✓ E 92868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 9-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William H. Sloman

(a) Residence: No. 710 E. 20th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr William H Sloman

6. DATE OF BIRTH (month, day, year) Feb 19, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry A Sloman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME a Ehyling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta E. Sloman

(Address) 710 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 17, 1933

19. UNDERTAKER Harry A. Deitz

(Address) 4101 Edmondson Ave

20. FILED Aug 17 1933 Thurston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1933 to 8-14, 1933

I last saw him alive on 8-14, 1933 Death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, Influenza

Date of onset June 1933

Other contributory causes of importance:

Chronic myocarditis.

Congestive heart failure.

Name of operation Prostatectomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Md Gen Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 E Cross St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella F Crippse

(a) Residence: No. 313 E Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George S Crippse

6. DATE OF BIRTH (month, day, year) Jan 11. 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Jervis

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hester Madison

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr James F Crippse
(Address) 313 E Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 16, 1933

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED Aug 15 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1/32, 19..., to Aug 13/33, 19...

I last saw her alive on Aug 13/33, 19... Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset Prstmth

Other contributory causes of importance:

Anemia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Amy B Cole M.D.

(Address) 1 W Hight St

M. D. B. 1268-9

E 92870 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92870

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Valley St. 10-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Lavery

(a) Residence: No. 1042 Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hugh J. Lavery

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Frances Hoppe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Hugh J. Lavery
(Address) 1042 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 18, 1933

19. UNDERTAKER Elmer H. Goodwin
(Address) 934 E. Eutaw St.

20. FILED Aug 17 1933 Hampton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1933, to Aug 15, 1933

I last saw her alive on Aug 15, 1933. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	May 14 '33
Other contributory causes of importance:	
Uraemia	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Hampton Williams, M. D.

(Address) 2731 N. Calvert St.

M. D. R. 1268-9

92871

✓ E 92871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S Eden St. 3-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Giovanni Nicolo Dichiara

(a) Residence: No. 421 S Eden St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Dichiara

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Mazziadi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Dichiara
(Address) 421 S Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 15, 1933

19. UNDERTAKER Martin W. C. Tiffel Inc
(Address) 32 S Eden St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 . 1933 . to Aug. 13 . 1933

I last saw him alive on August 13 . 1933 . Death is said to have occurred on the date stated above, at 2:55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 25, 33

Other contributory causes of importance:

Broncho Pneumonia	July 31, 33

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Nicholas Artigiani, M. D.

(Address) 2442 Fayette St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92872

CERTIFICATE OF DEATH

E 92872
93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Francis St. 13-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 18 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin Sanders

(a) Residence: No. 2541 Francis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of May Sanders

6. DATE OF BIRTH (month, day, year) June 27-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	17, 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher 8th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penitentiary Rwy.

10. Date deceased last worked at this occupation (month and year) 8/4/33

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jas. E. Sanders

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Frazier

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. May Sanders

(Address) 2541 Francis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 16, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

AUG 15 1933

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5. 1933 to Aug 14. 1933

I last saw him alive on Aug 13. 1933 Death is said to have occurred on the date stated above, at 9:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/11/33
Chr. Myocarditis	1931

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

Spec—9 30—A. & Co—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

92873 CERTIFICATE OF DEATH E 92873

REGISTERED NO. 10788

1 PLACE OF DEATH Franklin Square Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11 14 Dumas ST. 14 WARD)

2 FULL NAME Verdell Thorne

(a) RESIDENCE NO. Family means ST. Elwood Ct (If non-resident give city or town and State)

(Usual place of abode) How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16 1933

7 AGE Years — Months — Days 1 29 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Milton McDaniel

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Ida May Thorne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ida May Thorne (Address) Elwood City Md

15 Filed 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15-33

17 I HEREBY CERTIFY, That I attended deceased from 6-28 1933 to 8-15 1933

that I last saw h[illegible] alive on 8-15 1933

and that death occurred, on the date stated above, at 9.00 A.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. F. Harris M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dayton Md

DATE OF BURIAL 8-16 1933

20 UNDERTAKER D.S. Hyndman

ADDRESS Elwood City

AUG 15 1933

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32874

32874

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hosp St., 7-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Duhny

(a) Residence: No. 712 2. Ross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Duhny (Dead)

6. DATE OF BIRTH (month, day, year) Oct. 2, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 17, 1933

19. UNDERTAKER Frank Graetsen

(Address) 1906 Aliceanna St.

20. FILED ..., 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to Aug 14, 1933

last saw her alive on Aug 10, 1933 Death is said to have occurred on the date stated above, at 4:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2 yrs?
Diabetic Gangrene	7 wks
Amputation, right leg	5 days

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. P. Magnel, M. D.

(Address) Balt. City Hosp.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92875

CERTIFICATE OF DEATH.

131 E 92875

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2216 Oak St. 17-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Littleton Lee

(a) RESIDENCE NO. 2216 Oak ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Lee

6 DATE OF BIRTH (month, day, and year) June 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Peter Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Betty Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Bettie Lee

(Address) 2216 Oak

15 Filed Aug 15 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1933

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to Aug. 12, 1933,

that I last saw h- alive on Aug 12, 1933,

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Bronchitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) J. Garland Schmidt, M. D.

Aug 15, 1933 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 8/15/1933

UNDERTAKER Mrs. Geo. E. Telland

ADDRESS 1631 Druid Hill

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92876

CERTIFICATE OF DEATH

E 92876

82-86

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St. 17-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt Ferguson

(a) Residence: No. 1328 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Jan 3 - 1893

7. AGE Years 40 Months 7 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Ferguson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Pinkett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna Ferguson

(Address) 1328 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/16/33, 19

19. UNDERTAKER

(Address) Huntington Williams, N.Y.

20. FILED 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13th, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on July 13, 19 33. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Sudden

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. O. Leik Coroner, M. D.

(Address) Coroner

M. D. P. 1268-9

E 2.32877 18

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 32877

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Fratus

(a) Residence: No. 230 Short St. St., ... Ward. Erie Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/1/99

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	34		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Fratus

14. BIRTHPLACE (city or town) (State or country) Azores

MOTHER

15. MAIDEN NAME Anna K. Schaaf

16. BIRTHPLACE (city or town) (State or country) Pa. [redacted]

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Erie Pa Date Aug 15. 1933

19. UNDERTAKER Fred O. Mitchell & Son

(Address) 1920 East Lake Shore

20. FILED AUG 15 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1933 to Aug 15 1933

I last saw her alive on Aug 15 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (malignant)	1932

Other contributory causes of importance:

Name of operation Rt. Cranio-tomy Date of 8-9-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kimberly M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92878

CERTIFICATE OF DEATH

23E 92878

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 946 S. Eutaw St. St. 21-96 Ward)

Length of residence in city or town where death occurred 7 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louella Pettiford.(C)

(a) Residence: No. 946 S. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 15, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER FATHER

13. NAME Samuel Pettiford.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Louise Rich.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Louise Pettiford.(C) mother

(Address) 946 S. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Albion Cem. Date 8/16 19 33

19. UNDERTAKER Walter B. Briggs

(Address) 136 W. Lanvale St.

15 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ---------- 19 to ---------- 19

I last saw h alive on ---------- 19 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ---------- 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. H. Feinhardt Coroner M. D.

8/15/33 (Address) 1017 E. Charles St.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92879 E 92879

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 Homestead St., 9-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C Crane

(a) Residence: No. 945 Homestead St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles H Crane

6. DATE OF BIRTH (month, day, year) Dec 1 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton Md

FATHER

13. NAME Edward Leitner

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Lida George

16. BIRTHPLACE (city or town) (State or country) Hanover

17. INFORMANT (Address) Chas F Crane 945 Homestead St

18. BURIAL, CREMATION, OR REMOVAL Place Friendship Hond Co Md Date 8/16/33

19. UNDERTAKER (Address) Wm Cook 1219 St Paul St

AUG 1933

..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on Aug. 13, 1933 Death is said to have occurred on the date stated above, at 6.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Operation? — Date of .....

Name of operation .....

What was confirmed diagnosis? — Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

By specialty

(Signed) Frederick J Crane M. D.

(Address) 28 W Eager St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92880

CERTIFICATE OF DEATH

E 92880
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Franklin Square Hosp St., (Ward) 19-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna J. Abbott
(a) Residence: No. 727 W Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Leo M. Abbott
6. DATE OF BIRTH (month, day, year): Sept 7-1881
7. AGE: Years 51, Months 11, Days 7, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Wm E Grace
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Charlotte Bergman
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edgar Myers
(Address): 727 W Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 8/17, 1933

19. UNDERTAKER: Wm Cook
(Address): 1217 E Fayette St

20. FILED: 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on ; death is said to have occurred on the date stated above, at m.

The principal cause of death was [illegible] as follows:
Accident
Fractured Vertebra.
Date of onset

Other contributory causes of importance: Fell down steps.

Name of operation: Negative Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Grant Coroner, M. D.
(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92881

CERTIFICATE OF DEATH

95B 92881

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Kuesner

(a) Residence: No. 18 S. Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec. 23, 1906

7. AGE: Years 26 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Rudolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Dorlach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 8/18/33

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. Filed ..... 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26 1933 to Aug 15 1933

I last saw him alive on Aug 15 1933 Death is said to have occurred on the date stated above, at 1.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease Rheumatic Congestive failure	? 1 wk
Other contributory causes of importance: Chronic Prostatitis	10 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Theagel M. D.

(Address) East. City Hosp.

M. D. B. 1268-9

Coroner's Case

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92882

E 92882

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hubbard

(a) Residence: No. 1124 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Irene Hubbard

6. DATE OF BIRTH (month, day, year) June 13th 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) Aug 1933

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lewis D. Hubbard

14. BIRTHPLACE (city or town) (State or country) Rochester Co Md

MOTHER

15. MAIDEN NAME Mary E Lewis

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Irene E Lewis

(Address) 1124 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL Edwards Date 8/18 1933

Place

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

Filed 8 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Revolver wound of head

Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. Kelly M. D.

Coroner

(Address) 1 Fayette Street

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92883 — E 92883 — 92-001 — Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 St Paul St. Ward) 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma R Bennett

(a) Residence: No. 2510 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Bennett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary J Hinton

16. BIRTHPLACE (City or town) (State or country) Ohio

17. INFORMANT John A Bennett
(Address) 2510 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 8/18/33 19

19. UNDERTAKER Newman Corp
(Address) 1242 St Paul
FILED 8/18/1933 H. Leigh Williamson M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1918 to Aug. 15 1933.

I last saw her alive on Aug 14 1933 Death is said to have occurred on the date stated 12:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency - 6-8 wks.	

Other contributory causes of importance: Mitral Stenosis - many years
Chron. Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carroll Lockard M.D.

(Address) 421 Madison Ave

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92881 E 92881

CERTIFICATE OF DEATH

124-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Alameda St. 9-06 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Spindler

(a) Residence: No. 2733 Alameda St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Karl A. Spindler

6. DATE OF BIRTH (month, day, year) Sept 13, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 75	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Kliehn Spindler
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. A. Spindler
(Address) 2733 Alameda

18. BURIAL, CREMATION, OR REMOVAL
Place Park Wood Cem. Date Aug 16, 1933

19. UNDERTAKER John Allnutt & Son
(Address) 2008 Aliceanna St.

20. FILED Aug 16, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931 to August 14, 1933
I last saw h alive on Aug 13, 1933 Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs.
Chronic interstitial nephritis (renal failure)	1 yr
Other contributory causes of importance: Acute pulmonary oedema	3 days

Name of operation None Date of
What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Hedges M. D.
(Address) Northern Parkway & Bilair Rd.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92885

CERTIFICATE OF DEATH

46E 92885

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Park Heights Av St.) (15-01 Ward)

Length of residence in city or town where death occurred 80 yrs. 7 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J Giseriel

(a) Residence: No. 3514 Park Heights Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Giseriel

6. DATE OF BIRTH (month, day, year) Dec. 14, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	80	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug sal 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Drug House

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Berger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sarah Giseriel
(Address) 3514 Park Heights Av

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date 8/16 1933

19. UNDERTAKER C. Vernon Lemmon
(Address) 1611 Park Heights Av

20. DATE 15 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933 to Aug 13, 1933

I last saw her alive on Aug-11, 1933. Death is said to have occurred on the date stated above, at 11-15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	July 1933

Other contributory causes of importance: Metastasis in Lungs

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Gill Hall, M. D.

(Address) 1631 E North Av

M. D. B 1268-B

E 92886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92886

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (Co.) Baltimore City Hosp. St., 9-01 Ward)

Length of residence in city or town where death occurred ~~Life~~ mos. ..... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Eugene Clemens

(a) Residence: No. 2802 Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of ~~WIFE of~~: Jennie Clemens (Dead)

6. DATE OF BIRTH (month, day, year): June 17, 1868

7. AGE: Years 65 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Clemens

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cemetery Date Aug 18 1933

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St.

AUG 16 1933 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26 1933 to Aug 15 1933

last saw him alive on Aug 15 1933 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Cerebral hemorrhage, right & hemiplegia, left	3 wks
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I D Magill M. D.

(Address) Baltimore City Hosp

M. D. B. 1934

E 92887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92887

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 N. Calvert St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. F. Ludington

(a) Residence: No. 1708 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~or wife~~ of Minnie A. Ludington

6. DATE OF BIRTH (month, day, year) Jan 16th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7 6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Fairhaven Conn

FATHER

13. NAME John S. Ludington

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Adeline Ball

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT G. Franklin Ludington

(Address) 103 E. 75th St New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 17th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 8-19-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22 1929 to August 15 1933

I last saw h[illegible] alive on August 14 1933 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Yrs 4
Other contributory causes of importance: Cardiac Decompensation	Feb 1933

Name of operation Date of

What test confirmed diagnosis? Clinical symptomatology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. M. Little M. D.

(Address) 2435 Maryland Ave

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92888

E 92888

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 School St., 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm H. Howard

(a) Residence: No. 1020 School St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pierce Howard

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bernard Howard
(Address) 1520 School

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8-16 1933

19. UNDERTAKER David Easter & Son
(Address) 766 Pa Ave

20. FILED Aug 16 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1927 to Aug 13, 1933
I last saw him alive on Aug 13 1933 death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard E. Howard M. D.
(Address) 627 Schroeder

92889

HEALTH DEPARTMENT—CITY OF BALTIMORE

92889

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, MD. Balto Hosp. St., 2391 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mark J Buckler

(a) Residence: No. 50 E Heath St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13 1903

7. AGE 30 Years 31 Months 6 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

FATHER

13. NAME Jas R. Buckler

14. BIRTHPLACE (city or town) (State or country) St Mary Co

MOTHER

15. MAIDEN NAME Georgiana Resick

16. BIRTHPLACE (city or town) (State or country) St Mary Co

17. INFORMANT Ronald Haynie
(Address) 405 N. Eden

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Aug 16-33 19

19. UNDERTAKER Jos J Otten & Son
(Address) 1518 E Lafayette Ave

8. FILED Aug 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide Pistol wound of heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Regular Was an autopsy had?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Aug 13 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1268-9

92890

✓ M E 92890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hospital St., 22 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard

(a) Residence: No. #12 W. Henrietta St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Flora

6. DATE OF BIRTH (month, day, year) Nov. 7, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md

MOTHER FATHER

13. NAME Wm Howard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ella Hillery

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella Townsend

(Address) 12 W Henrietta St

18. BURIAL, CREMATION, OR REMOVAL

Place MC Calvary Ct Date 8/16/33 19

19. UNDERTAKER Isaiah L. Brown & Son

(Address) 1 Montgomery St

AUG 15 1933

20. FILED Huntington Millwood MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ugum . 19 . to . 19

I last saw h alive on ugum . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 12 1933

Where did injury occur? Ostend & Ridgley Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Truck he was riding

Nature of injury was involved with an auto

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2250 E Madison St

✓ E 92891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 99

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4414 Belvieu Aven 28th Ward)
Length of residence in city or town where death occurred ....yrs. ....mos. 16 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME L. Ridgeways Payne
(a) Residence 9 Magnolia Drive Long Island N.Y. St., ... Ward. Not Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lenie

6. DATE OF BIRTH (month, day, year) July 28 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64		17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 609
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME George L Payne
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Emma Ridgeways
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frank P Schiaffino
(Address) 4414 Belvieu Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 18, 19

19. UNDERTAKER George J Smyth
(Address) 1522 Hollins St
Huntington Williams

AUG 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1933 to August 15th, 1933
I last saw him alive on Aug 15th, 1933 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	
Possible Coronary Occlusion	8/13/33
Other contributory causes of importance: Edema Pulmonary	8/14/33

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B Fulmer Lowe M. D.
(Address) 1901 Eutaw Place

M. D. B. 1268-B

E 92892

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92892

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Pennsylvania St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A Lewis

(a) Residence: No. 1520 Pennsylvania St. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Luella Lewis

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenwood Va

FATHER

13. NAME Peter Lewis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dorothy Bryant

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Luella Lewis (Address) 1520 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/16/33

19. UNDERTAKER Samuel T Hawkins (Address) 1617 Pennsylvania Ave

FILED G 16 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to Aug 14th, 1933

I last saw him alive on Aug 14th, 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Paresis by metamorphosis

Date of onset

Other contributory causes of importance:

Cerebral Arteriosclerosis and Gastro intestinal disorders

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Russell Farge M. D.

(Address) 2937 N. Calvert St

AaCo. 5-31 250B

92893

HEALTH DEPARTMENT—CITY OF BALTIMORE

92893

CERTIFICATE OF DEATH

120

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W. Conway St., 12th Ward)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 9 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robt Wilmore or Robt Wilmore Smith

(a) Residence: No. 532 W. Conway St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 4 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robt Wilmore

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Beulah Howe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Smith

(Address) 532 W. Conway

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Aug 17 1933

19. UNDERTAKER Joseph A Tuby

(Address) 419 N Mount Street

Huntington Williams Mgr

20. FILED AUG 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933 to Aug 13, 1933

I last saw him alive on Aug 13, 1933 death is said to have occurred on the date stated above, at 11 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppression of Urine Uremia	8/12/33
Other contributory causes of importance Acute Gastroenteritis Toxic. Probably from Arsenic	8/12/33

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Hubert J. Davies M.D.

(Address) 615 N Paca St

M. D. B. 1268-9

E 92894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

E 92894

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2062 Woodberry Ave. (Ward) 13-81

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. if of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Charlotte Elizabeth Billingsley

(a) Residence: No. 2062 Woodberry Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Dec. 29-1867

7. AGE: Years 65 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Samuel H. Billingsley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah Adler

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Samuel H. Billingsley
(Address) 2062 Woodberry Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Aug. 17- 1933

19. UNDERTAKER: Horace E. Burgee
(Address) 3631 Falls Road

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 15- 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1930 to Aug 15, 1933

I last saw her alive on Aug 15 1933 Death is said to have occurred on the date stated above, at 5-20 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver (Metastatic) — Date of onset: ...

Other contributory causes of importance:

Carcinoma of Breast — Date of onset: ...

Name of operation: Breast Removed Date of 1933

What test confirmed diagnosis: Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. F. Mackin M. D.

(Address) 4037 Falls Rd.

8/16/1933

M. D. B. 1268-A

E 32895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 32895

186-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Fagan or Rebecca Elijah

(a) Residence: No. 306 Diamond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Fagan 306 Diamond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/17, 1933

19. UNDERTAKER Hunt Fagan
(Address) 306 Diamond St

AUG 16 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 12th, 1933 to August 15th, 1933

I last saw h.. alive on August 15th, 1933 Death is said to have occurred on the date stated above, at 3 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture dislocation 4th Cervical vertebra	8/12/33
Other contributory causes of importance: Myocardial failure	8/13/33

Name of operation Manipulation & Cast Date of 8/14/33

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/10, 1933

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture dislocation 4th Cervical Vertebra

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas L. Kenny, M. D.

(Address) University Hospital

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92896 CERTIFICATE OF DEATH ✓ E 92896

Registered No. 30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. city Hosp. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Lucas.

(a) Residence: No. 210 S. Bond St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 10/3/1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓27	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW. 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

MOTHER FATHER

13. NAME George Lucas.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dollie Rogers.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Grace V. Rodgers (Aunt)
(Address) 714 S. Durham St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 18 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

8/18 1933 Huntington Pittsburgh Pa. 18 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/17 1933 to 8/15 1933

I last saw her alive on 8/15 1933. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous salpingitis	3 mos
Other contributory causes of importance: Fecal fistula	3 mos

Name of operation Salpingectomy Date of 5/27/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Shapiro M. D.

(Address) Balto. City Hosp.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92897 E 92897

1. PLACE OF DEATH Pronounced Dead at City Hospitals. Registered No. 210-001

CITY OF BALTIMORE: (No. 506 S Dean St. 96-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Anna Bienlein

(a) Residence: No. 506 S Dean St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb 2, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Clement J Bienlein

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katherine Sullivan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clement Bienlein

(Address) 506 S Dean St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Aug. 17, 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 1032 W Lafayette Ave Baltimore, Md

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 19 to 19

I last saw alive on Aug. 10 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Crushed Abdomen — Date of onset

Internal Injuries

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 14, 1933

Where did injury occur? Alley in rear of 504 S. Dean (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Ran out into street

Nature of injury Crushing, in Abdomen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Louis Fokomy, M. D.

Coroner

(Address) 2100 E. Monument St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92898

CERTIFICATE OF DEATH

E 92898

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 520 N Edgewood St. 20-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos J. Eaton

(a) Residence 520 N. Edgewood Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine Eaton

6. DATE OF BIRTH (month, day, year) June 11-1852

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt Eaton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Hurst

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ernestine Eaton

(Address) 520 N. Edgewood

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Aug 17th, 1933

19. UNDERTAKER Lilly + Geiler Inc

(Address) 403 Huntington Ave Baltimore, Md.

AUG 16 1933

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Enuresis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek M. D.

Coroner

(Address) Lorraine

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

32899 E 32899

CERTIFICATE OF DEATH

13-002

REGISTERED NO.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No 1514 Druid Hill Ave St 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James R. Hall

(a) RESIDENCE NO. 1007 W. Lexington ST. WARD
(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 8 1932

7 AGE ✓ Years Months: 9 mo Days: 6

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Robert Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chester S C

12 MAIDEN NAME OF MOTHER: Alberta Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chester S C

14 Informant (Address): Mr. Robert Hall 1007 W. Lexington St.

15 Filed ..... 19 ..... Registrar

161533

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-14-33

17

I HEREBY CERTIFY, That I attended deceased from 8-12, 1933 to 8-14, 1933

(that I last saw h alive on 8-14, 1933

and that death occurred, on the date stated above, at 4.25 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Bacillary Dysentary

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. Harris M. D.

1933 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Aug 16 1933

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS: 332 Schroeder St

M. D. B. 1268-0

92900

HEALTH DEPARTMENT—CITY OF BALTIMORE

92900 E

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Gallion

(a) Residence: No. 409 S. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15. 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Newborn			1½

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Joseph Gallion

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Viola Stevens

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother

(Address) 409 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Interred of Md Date Aug 15 1933

19. UNDERTAKER

(Address)

[illegible]

16 1933

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1933 to August 15, 1933

I last saw her alive on August 15, 1933. Death is said to have occurred on the date stated above, at 4.30 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nathan Racusin M. D.

(Address) Franklin Square Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-4

HEALTH DEPARTMENT—CITY OF BALTIMORE

92901 92901

CERTIFICATE OF DEATH

Registered No. 5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Virginia Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Valentine Eckmann

(a) Residence: No. 3209 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma A. Eckmann

6. DATE OF BIRTH (month, day, year) Aug 25 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 5 9

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Eckmann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Emma Eckmann (Address) 3209 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 18, 1933

19. UNDERTAKER Harry Lee & Co (Address) Park Ave

20. FILED Aug 16 1933 Huntington Williams M.D. Registrar. H. D. B. 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933 to Aug 10th, 1933

last saw h alive on Aug 15th, 1933. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Data of onset
Chronic Myocarditis
Diabetes Mellitus

Other contributory causes of importance:

Obesity

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Leopold M. D.

(Address) 260 W Lafayette Ave

M. D. B. 1268-9

E 92902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 114 E 92902

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. (St.) 1-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Wlodkowski

(a) Residence: No. 625 S. Patterson Park Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wlodowski

6. DATE OF BIRTH (month, day, year) Sept 8 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 60	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Matthew Wlodkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Son

(Address) Joseph Wlodkowski 625 S. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date Aug 18 1933

19. UNDERTAKER Geo. A. Weber

(Address) 105 S. Conkling St. Huntingdon Williams, N.J.

20. Filed AUG 16 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1933 to Aug 15 1933

I last saw him alive on Aug 15 1933 Death is said to have occurred on the date stated above, at 12 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess & Broncho-Pleural fistula	1 Mo?
Empyema, Pneumo-sporotrichosis	1 Mo?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. P. Hazell M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92903

CERTIFICATE OF DEATH

93-883

E 92903

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat St. 28-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? about 40 yrs. mos. ds.

2. FULL NAME Gasnier, Julia

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): France

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mt Hope Records
(Address): Mt Hope-Ely-

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Hope Ret Cy Date: Aug 17, 1933

19. UNDERTAKER: Clevenger Mortuary Co.
(Address): Huntington, W. Va.

20. Aug 18 1933 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1933, to Aug. 16, 1933

I last saw her alive on Aug 16, 1933 Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ulcerative Colitis.	4 Days
Myocarditis with decompensation	3 yrs.
Other contributory causes of importance: Acute Dilatation Heart	1 day
Malarial Fever	24 years

Name of operation: — Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury: No, 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: No

Manner of injury: No

Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify: —

(Signed) H. A. Bonelli, M. D.

(Address) 113 N. Fred Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92904 | CERTIFICATE OF DEATH | 154 | E 92904

1—PLACE OF DEATH Childrens Hospital School — REGISTERED NO. ____

CITY OF BALTIMORE: (No. Greenspring & 41st ST., 43 WARD) 43-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter Paul Beninceasa

(a) RESIDENCE NO. Star City W. Va. ST. ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

(a) If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child none
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER Mr. John Beninceasa

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Markowood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant Hospital Records
(Address) ____

Filed AUG 16 1933 Huntington Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 15 1933

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Aug 15, 1933, that I last saw h im alive on Aug 15, 1933, and that death occurred, on the date stated above, at 7:05 P.m.

The CAUSE OF DEATH* was as follows:

Chronic osteomyelitis

Cyanosis

(duration) 6 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Amyloid degeneration, Cardiac failure (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Star City W Va

Did an operation precede death? Yes Date of 1-8-30

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) M. B. Shaw, M. D.

, 19 (Address) Childrens Hospital School.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Morgantown W. Va	Aug 16 1933
20 UNDERTAKER Putnam & Rose	ADDRESS 2334 St Charles St

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92905

CERTIFICATE OF DEATH

E 92905

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 415 N. Port St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Spieth

(a) Residence: No. 415 N. Port St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) Jan 2-1870

7. AGE: Years 63; Months 7; Days 13; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machine Shop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Fred. Spieth

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louisa Kristof

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Annie Machan

(Address) 415 N. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Aug 18. 1933

19. UNDERTAKER: Scott Wood

(Address) 2101 E. Monument St

16 1933

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 33

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — 3 months

Other contributory causes of importance:

Date of onset

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leith, M. D.

Coroner

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92906

CERTIFICATE OF DEATH

V 48 E 92906

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ottis Ballou

(a) Residence: No. 6551 St. Helena Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married (Sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmett Ballou

6. DATE OF BIRTH (month, day, year) April 16-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	3	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) July, 1933 | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Haney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fannie Taylor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Daughter Gladys Mundy

(Address) 6551 St. Helena Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mountcastle Va. Date Aug 17 1933

19. UNDERTAKER John Ellick

(Address) 1200 Pleasant St

16 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/9/33, 19.. to 8/15/33, 19..

I last saw h.. alive on 8/15/33, 19.. Death is said to have occurred on the date stated above, at 10.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	
Severe secondary anemia	
Other contributory causes of importance:	
Hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T Phagan, M. D.

(Address) Bush City Hosp.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92907

Registered No.

92907

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Provident Hosp. 14-01 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Finney

(a) Residence: No. 2011 Mc Culloh Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Dora

6. DATE OF BIRTH (month, day, year): 1893

7. AGE: Years 40; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Yrs.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Dorothy Finney

(Address) 2011 Mc Culloh

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Zion Date 8/17/33 19

19. UNDERTAKER: Mrs. George H. Holland

(Address) 1320 Druid Hill Ave, Baltimore, Md.

20. FILED 8/16 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw h alive on 19 Death is said to have occurred on the date stated above at

The principal cause of death and related causes of importance were as follows:

Homicide. Shot by Request & Autopsy

Contributory due to pistol wound of lung

Other contributory causes of importance:

Date of onset

Name of operation: Autopsy Date of

What test confirmed diagnosis: Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Funk Coroner M. D.

(Address)

M. D. B. 1268-B

E 92908

92908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Eckert

(a) Residence: No. Pikesville, St., Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Eckert

6. DATE OF BIRTH (month, day, year) Nov 18 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37.	8.	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Joseph F Eckert

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Ellen Fowler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Nettie E Eckert Wife

(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Balto Co Date Aug 18 1933

19. UNDERTAKER Walter D Cuyer

(Address) 3410 Clifton Ave

20. FILED Aug 17 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1933, to August 16, 1933

I last saw him alive on August 16, 1933 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	August 12 '33
Other contributory causes of importance:	
Bronchitis	8-7-33

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. H. Sprecher M. D.

(Address) University Hospital

DUPLICATE IS very important. See instructions on back of certificate.

M. D. B. 1268-9

92909

Margaret Lee

E 92909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Penn Ave St. ..... Ward) 14-01

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Lee

(a) Residence: No. 1921 Penn Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced: ~~HUSBAND~~ of (or) WIFE of William Lee

6. DATE OF BIRTH (month, day, year) Sept 29-1872

7. AGE: Years 60 | Months 10 | Days 1716 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Dennis Clash

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Tasker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Lee

(Address) 1921 Penn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 18 1933

19. UNDERTAKER Wm H Boseley

(Address) 638 N Gilmor

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Aug 15 1933

I last saw h... alive on Aug 15 1933 Death is said to have occurred on the date stated above, at 2:05 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Feb 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. L. Clash M. D.

(Address) 1921 Penn Ave

OCCUPATION is very important. See instructions on back of certificate.

G171333

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92910 92910

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1214 W. Lombard St., 13-01 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mathias McHugh

(a) Residence: No. 1214 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Mary E McHugh

6. DATE OF BIRTH (month, day, year) [illegible] 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas McHugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary E Howe

(Address) 1214 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 8/18/ 1933

19. UNDERTAKER John F Cowan & Son

(Address) 901 Hollins St.

Certified AUG 17 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/13/33 19 to 8/16/33 19

I last saw h— alive on 8/14/33 19 . Death is said to have occurred on the date stated above, at 11:45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	[illegible]
Other contributory causes of importance: Cerebral Embolism	8/16/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Ferry M. D.

(Address) 914 W. Lombard

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92911

CERTIFICATE OF DEATH.

12 E 92911

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 349 S. Mount ST. 14-01 WARD)

2-FULL NAME John Weaver

(a) RESIDENCE NO. 949 S. mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Weaver.

6 DATE OF BIRTH (month, day, and year) April 16/1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	57	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Balt city School Baltimore md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Henry Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Jennie Weaver (Address) 949 S. mount St

15 Filed 5 17 1933 Huntington W. Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933, to Aug 15, 1933, that I last saw him alive on Aug 10, 1933, and that death occurred, on the date stated above, at 3:10 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis of brain and Cirrhosis of liver

Non Alcoholic (duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) no yrs. no mos. 4 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) R J Shaw, M. D.

(Address) 2708 Hallins Ferry Rd. Aug 16, 1933

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 8/18/1933

20 UNDERTAKER John J Cowan & Son

ADDRESS 901 Hallins St

Spec.—2-28-28—L. F. S.—500 Bks.

32912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 92912

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Parkside Drive ST. 27-06 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosetta Coburn

(a) RESIDENCE NO. 3706 Parkside Drive WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Paul D Coburn

6 DATE OF BIRTH (month, day, and year) Apr 11-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Crowley

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Grace Swarmer

(Address) 3716 Parkside Dr

Filed AUG 17 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17, 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933, to Aug 17, 1933, that I last saw her alive on Aug 16, 1933 and that death occurred, on the date stated above, at 4:5 A m.

The CAUSE OF DEATH* was as follows:

Clo Interstitial Hepatitis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Walter W White Jr, M. D.

8/17, 1933 (Address) 2800 N Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Aug 19, 1933

20 UNDERTAKER Richard F. Cawley

ADDRESS 700 E. Lafayette Ave

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2913 — 2913 — 71-001

Registered No. 71-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Reisterstown Rd St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isadore Rosenstadt

(a) Residence: No. 3500 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth 1894

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ruth Rosenstadt
(Address) 3500 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Carmel Date 8-17-33 19

19. UNDERTAKER Jack Lowe Inc
(Address) 1437 E. Baltimore St

AUG 17 1933 19 Washington Williams N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16/33. 19

22. I HEREBY CERTIFY, That I attended deceased from July 9th. 1933. to August 16. 1933.

I last saw him alive on Aug 16. 1933 Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	April
Other contributory causes of importance:	
Pernicious Hypertension	August

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
no If so, specify .....

(Signed) Joseph E. Lechner M. D.

(Address) 3201 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

E 92914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92914

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Herbert St. 15-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 35 yrs. ... mos. ... ds.

2. FULL NAME Abram Schaser

(a) Residence: No. 1909 Herbert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Shaser

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jager Shaser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Shaser

(Address) 1909 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date 8/17/33 19...

19. UNDERTAKER Stuck Funeral Home Inc.

(Address) 1432 E. Baltimore St.

20. FILED 8/17/1933 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1933 to Aug 16, 1933

I last saw him alive on Aug 16, 1933 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	8/13/33

Other contributory causes of importance:

acute dilatation of heart

Name of operation — Date of .....

What test confirmed diagnosis? Sup. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how? .....

(Signed) H. Chodesch M. D.

(Address) 2225 Linden Ave

M. D. B. 1268-9

E 92915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92915

V 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Linden Ave St. 14-41 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes A. Joell

(a) Residence: No. 1810 Linden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Joell

6. DATE OF BIRTH (month, day, year) Dec. 8. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41.	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mineral Point Wisconsin

FATHER

13. NAME Peter J. Reger

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Semmerling

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT John J. Joell
(Address) 1810 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 18. 1933

19. UNDERTAKER Mrs. Mrs John W. Tempel & Son
(Address) 801 W. Lafayette St.

20. FILED Huntington Nathanson, M.D. 8/16/33

AUG 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5 1933 to August 15 1933

I last saw h.. alive on August 15 1933 Death is said to have occurred on the date stated above, at 10-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1925

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) David Jenner M. D.

(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

E 92916

M. D. B. 1268-9

92916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Bell Baker

(a) Residence: No. Gittings Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winfield Hall Baker

6. DATE OF BIRTH (month, day, year) Oct 6. 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	17	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 8/16/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Mr. James W. Bell

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Tamsy Edwards

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Mother

(Address) Gittings -

18. BURIAL, CREMATION, OR REMOVAL

Place FRIENDSHIP ME Date Aug 19, 1933

19. UNDERTAKER Hornberger & Gross

(Address) BENSON Md

20. FILED AUG 17 1933 19... Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933 to Aug 16, 1933

I last saw her alive on Aug 16, 1933 Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

Asphyxia - following aspiration of vomitus

Date of onset 8-16-33

Other contributory causes of importance:

Pregnancy - Breech presentation

Coroner Attorney

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Suzanne Fleming M. D.

(Address) Union Memorial Hospital

Spec.—9-30—A & Cn.—250 Bks.

E 92917 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92917

V 159

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 27-01 Ward)

2 FULL NAME Baby girl Williams

(a) RESIDENCE NO. 5107 Walden Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 8-16-33

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 10 min.

8 OCCUPATION OF DECEASED
(a) Trade, professinn nr particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name nf employer

9 BIRTHPLACE (city nr town) (State nr cnuntry) Baltimore

PARENTS

10 NAME OF FATHER W. S. Williams

11 BIRTHPLACE OF FATHER (city or town) Troy
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Mary Wood

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mrs. Williams
(Address) 5107 Walden Ave

15 AUG 17 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17-1933

17
I HEREBY CERTIFY, That I attended deceased from 8-16-33, 19.., to 8-16-33, 19..
that I last saw he alive on 8-16-33, 19..
and that death occurred, on the date stated above, at 7:20 p m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mns. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease cnntracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Robert H. Williams M. D.
, 19.. (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 8/19 1933

20 UNDERTAKER Leonard Peach — ADDRESS 1000 Druid

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92918

92918

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 15-D Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Shepherd

(a) Residence: No. 1426 Sekol St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Shepherd

6. DATE OF BIRTH (month, day, year) Sept 7 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME John Simms

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Deacon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Baltimore City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ..., 19

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1933, to Aug 13, 1933.

I last saw her alive on Aug 13, 1933. Death is said to have occurred on the date stated above, at 11:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	?
Interstitial nephritis	?
Congestive failure	6 mos

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) J. P. Magill, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92919

CERTIFICATE OF DEATH

94E 92919

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 28-01 Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Waldman

(a) Residence: No. Mount Hope St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Waldman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lisa Myers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md. Date Aug 17, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933 to Aug 16, 1933

I last saw him alive on Aug 16, 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	?
Hypertension	?
Coronary Thrombosis	12 hrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I. Bhagel M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

92920

HEALTH DEPARTMENT—CITY OF BALTIMORE

92920

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W Watts

(a) Residence: No. No known St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Watts

14. BIRTHPLACE (city or town) (State or country) Md.?

MOTHER

15. MAIDEN NAME Unknown?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient

(Address)

18. CERTIFICATION OF BURIAL. Date Aug 22/33 19

Charles E Reynolds

19. UNDERTAKER

(Address) 802 Madison Ave

20. FILED Aug 22 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11/33 19

22. I HEREBY CERTIFY, That I attended deceased from 4/12/33 19 to 8/11/33 19

I last saw him alive on 8/11/33 19 Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic hypertrophy	?
Bronchopneumonia	?
Other contributory causes of importance: Uremia	8/9/33

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Martin L. Cannon M. D.

(Address) Balto. City Hospitals

CAUTION: It is very important. See instructions on back of certificate.

M. D. B. 1268-9

Jacob Deares

E 92921 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92921

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Balto City Hosp. 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME Deares Jacob

(a) Residence: No. 514 S Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of ~~late WIFE of~~ Diana Jacob

6. DATE OF BIRTH (month, day, year): 12-18-63

7. AGE: Years 69 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ? 667

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME Henry? Deares

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ? Not known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records
(Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Lwartz Date Aug 17, 1933

19. UNDERTAKER: L. P. Heymann & Son
(Address) 32 S. Broadway

20. FILED Aug 17 1933 H. Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1933 to Aug 16, 1933

I last saw ~~him~~ her alive on Aug 16, 1933 Death is said to have occurred on the date stated above, at 1 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis	?
Hypertension	?
Congestive failure	3 days

Other contributory causes of importance: Senile psychosis — ?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Rogers M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Frank J Minor

92922 HEALTH DEPARTMENT—CITY OF BALTIMORE 92922

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 W Biddle St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank James Minor

(a) Residence: No. 544 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie F Minor

6. DATE OF BIRTH (month, day, year): 1868

7. AGE: Years 65 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O&D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): D. C.

FATHER

13. NAME: Geo Minor

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Lucy Minor

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Susie F Minor
(Address) 544 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date 8-17, 1933

19. UNDERTAKER: Daniel Eckert
(Address) 916 Eutaw ave.

Filed Aug 17, 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933 to Aug 16, 1933

I last saw h[illegible] alive on Aug 15, 1933 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 11, 1933

Other contributory causes of importance:

Nephritis	?
	?

Name of operation: None Date of: —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

Garrison

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92923

CERTIFICATE OF DEATH

E 92923

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Provident Hosp. 15-01 St. Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chester Garrison

(a) Residence: No. 535 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE — Years 33 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME ny

14. BIRTHPLACE (city or town) (State or country) ny

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Mary Jackson

17. INFORMANT Mary Jackson
(Address) 613 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 17. 1933

19. UNDERTAKER E. J. Brooks
(Address) 1413 N. Carey St

20. FILED AUG 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 and s/he is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Homicide

Perforation due to pistol wound of abdomen

Contusions

Sudden

Other contributory causes (conditions, etc.)

Date of onset

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek Coroner, M. D.

(Address) Co House

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92924

CERTIFICATE OF DEATH

127 E 92924

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Chase

(a) Residence: No. 659 W Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elias Chase

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry Race

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rosie Talbot
(Address) 663 W Fairmount

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 17, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 ~~Harlington Baltimore, Md~~

G 17 1933

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10.30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Other contributory causes of importance: Chronic cystitis	

Name of operation Date of 7/6

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) B. F. Herzog M.D. M. D.
Coroner

(Address) 1305 Eutaw Pl

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92925

CERTIFICATE OF DEATH

13 E 92925

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N. Montford Ave. St., 8-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C.K. Nolan

(a) Residence: No. 1625 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Cunningham

6. DATE OF BIRTH (month, day, year) Dec. 25, 1899

7. AGE	Years	Months	Days	If LESS than 1 day
	33	7	22 21	~~hours~~ ~~min.~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael J. Nolan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary F. Moore

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary F. Nolan
(Address) 1625 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Aug. 19, 1933

19. UNDERTAKER George J. Ruth Inc.
(Address) 1235 Edmondson Ave.

Registrar.

171933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1933 to August 16, 1933

I last saw him alive on August 15, 1933 Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulus Hemorrhagic Nephritis	1920
Other contributory causes of importance: Pericarditis	7/26

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert L. Singmaster, M. D.

(Address) 1613 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92926 E 92926

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 2014 Kennedy Pl. 9-01 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry L. Kendall

(a) Residence: No. 2014 Kennedy Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mollie.

6. DATE OF BIRTH (month, day, year): Feb 21-1867

7. AGE: Years 66 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dye & Cleaning
10. Date deceased last worked at this occupation (month and year): Sept
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Elias Kendall
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Margaret Briegle
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mollie Kendall 2014 Kennedy Pl

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date 8/19/33

19. UNDERTAKER (Address): Wm Cook & Son

20. FILED 8/17/1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16-33

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 to Aug. 16 19 33. I last saw h alive on Aug. 16 19 33. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
6 months

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Smith M. D.
Coroner

(Address)

M. D. B. 1268-9

E 27593 1 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32027

CERTIFICATE OF DEATH + 13-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-81 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Treva May Wike

(a) Residence: No. Westminster St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/28/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓ 0	1	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Frank
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary Carr
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cemetery Date Aug 19 1933

19. UNDERTAKER J. J. Bankard & Son
(Address) Westminster Md

20. FILED AUG 19 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Aug 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1933 to Aug 16 1933
I last saw her alive on Aug 16 1933 Death is said to have occurred on the date stated above, at 10.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, bacillary	Aug 12
Other contributory causes of importance: Pneumonia, broncho.	Aug 16

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Julius H. Hopkins Jr. M. D.
(Address) Johns Hopkins Hosp.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

92928

CERTIFICATE OF DEATH

V 18 | E 92928

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. St., (Ward) 18

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Meiforth

(a) Residence: No. 928 W. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (Write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1864

7. AGE | Years 69 | Months 6 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Henry F Meiforth
14. BIRTHPLACE (City or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Mulan
16. BIRTHPLACE (City or town) (State or country) Ft Mountain Pa

17. INFORMANT Mrs Fred Meiforth
(Address) 1613-E Mosher

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date Aug 18 1933

19. UNDERTAKER Geo M Smith Son
(Address) 811 W Lafayette

20. Huntington Philadelphia, Pa.
Registrar.

AUG 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1933
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
1-2-3 Degree Burns	
Clothing caught in White Sumac Fire	

Other contributory causes of importance

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Gruit M. D.
Coroner
(Address)

M. D. H. 1261-B

Jacob S. King

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92929

CERTIFICATE OF DEATH

E 92929

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 W. Mulberry St. St. 20-el (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob S. King

(a) Residence: No. 2131 W. Mulberry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie D. King (nee Davis)

6. DATE OF BIRTH (month, day, year) March 4, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick (State or country) Md.

FATHER

13. NAME Christian King

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mrs. Jessie D. King

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT 2131 W. Mulberry St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19..

19. UNDERTAKER Harry A. Dutrow

(Address) Huntington & Pittsburgh Ave.

20. FILED 8/17/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 15, 1933

I last saw him alive on Aug 14, 1933. Death is said to have occurred on the date stated above, at 8 30 Am.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiovascular disease with mitral regurgitation

Date of onset

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred L. DeBarbieri, M. D.

(Address) 4614 Park Heights Ave.

(Fred L. DeBarbieri)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92930

CERTIFICATE OF DEATH

165E 92930

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2821 Brighton St. 16-01 (Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delphine Lawrence

(a) Residence: No. 2821 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 046

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Oscar D Lawrence

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) N C.

17. INFORMANT Miss Mary Cooney
(Address) 2821 Brighton

18. BURIAL, CREMATION, OR REMOVAL
Place Ashburton Md. Date Aug 17, 1933

19. UNDERTAKER John J Mitchell & Son
(Address) 1900 Eutaw Place

Huntington Williams, M.D.
Registrar.

171933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide
Strangulation
by Hanging

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Funk Coroner, M. D.
Coroner

(Address) .....

E 92931

M. D. B. 1268-9

E 92931 HEALTH DEPARTMENT—CITY OF BALTIMORE

XV122-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital St., 11-61 (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 0 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Carrie B. Kroeger

(a) Residence: No. 6 Old court Road St., ... Ward Pikesville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Frank Kroeger

6. DATE OF BIRTH (month, day, year) Mar 26 1872

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61	5 4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr. Claudius G Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Miss Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr Frank Kroeger

(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 21. 1933

19. UNDERTAKER Emil A. Nuell

(Address) Pikesville Md

20. FILED ... Registrar

AUG 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1933 to 8-17, 1933

I last saw h[illegible]live on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mesenteric thrombosis with volvulus — Date of onset 8

Other contributory causes of importance:

Toxemia

Name of operation Laparotomy Date of 8/16/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934

92932

E-92-9-32

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 92-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LINDA AUSTIN

(a) Residence: No. Reisterstown, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Reisterstown, Md.

FATHER

13. NAME M. Carroll Austin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Albert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carroll Austin
(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Dew Park Cem Date Aug 20, 1933

19. UNDERTAKER J. E. Elvis & Sons
(Address) Reisterstown Md

20. FILED ..... 19..... Registrar

AUG 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1933 to August 17, 1933.
I last saw her alive on August 17, 1933. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic rheumatic valvular heart disease	May 1933
Other contributory causes of importance: Myocardial failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Frame. M. D.

(Address) Union Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

E 92933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 7-C (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Brown

(a) Residence: No. 611 N. Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Andrew Brown (Dead)

6. DATE OF BIRTH (month, day, year) Aug 15, 1883?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Cooper

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Jennie Dixon

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date aug 20 1933

19. UNDERTAKER Mrs Ida B. Snowden (Address) 1129 N. Caroline St

20. FILED 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to Aug 16, 1933

I last saw h alive on Aug 16, 1933 Death is said to have occurred on the date stated above, at 10 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	?
Congestive failure	3 days
Other contributory causes of importance:	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magill, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92934

CERTIFICATE OF DEATH

93E 92934

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 W. University Pky St.) (12-01 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? yrs. mos. da. 77-2-10

2. FULL NAME Florence Armour Barnes

(a) Residence: No. 615 W. University Pky St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adelbert Barnes

6. DATE OF BIRTH (month, day, year): June 6 1856

7. AGE: Years 77 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Des Moines Iowa

FATHER

13. NAME: Reuben Cyphers

14. BIRTHPLACE (city or town) (State or country): Warren Penna

MOTHER

15. MAIDEN NAME: Florence Armour

16. BIRTHPLACE (city or town) (State or country): Des Moines Iowa

17. INFORMANT: T. H. Blake (son-in-law)
(Address) 615 W. University Pky

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 18 '33

19. UNDERTAKER: Stewart & Hobert
(Address) 108 W. North Ave.

Huntington Williams N.Y.

AUG 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 a.m. 1933 to Aug 16 a.m. 1933
I last saw her alive on Aug 16, 1933 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yrs ago
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Jones M. D.

(Address) 720 N. North Ave.

N. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2935 2935

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St., 14-01 Ward)
Length of residence in city or (Co. where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Leonard Beasley

(a) Residence: No. 1608 W Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo Beasley

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Annie Evans

16. BIRTHPLACE (city or town) (State or country) Flat Va

17. INFORMANT Geo Beasley
(Address) 1608 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lion Cem Date Aug 18, 1933

19. UNDERTAKER Joseph A Lively
(Address) 409 N. Mount St

20. FILED 10/1933 Huntington Matthews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 33

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 19 33
I last saw h alive on Aug 16 19 33 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Luck Coroner, M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92936 V 46 E 92936

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Carnes Lane St., Hampden 13-21 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Ryan

(a) Residence: No. 3600 Carnes Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel Ryan

6. DATE OF BIRTH (month, day, year) June 8, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Isaac Burhope

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME martha Smith

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Daniel Ryan.
(Address) 3600 Carnes Lane.

18. BURIAL, CREMATION, OR REMOVAL
St. Marys Hampden Date Aug 19, 1933

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Chestnut ave.

20. FILED AUG 19 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933 to Aug 17, 1933

I last saw h[illegible] alive on Aug 16, 1933. Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:
Carcinoma of Descending colon Generalized Avascular.

Name of operation None Date of

What test confirmed diagnosis Clinical Finding. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Burns Thomdorfer M. D.

(Address) 100-E 20th St

OCCUPATION is very important. See instructions on back of certificate.

E 92937

M. D. B. 1268-9

92937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3619 Springdale Ave. 15-81 Ward)

Length of residence in city or town where death occurred 4* yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Lipsky

(a) Residence: No. 3619 Springdale Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Lipsky

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harold Lipsky

(Address) 3619 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL

Date 8/18/33 19

Filed

19. UNDERTAKER Jacob Lewis Levy

(Address) 1432 E. Baltimore St

20. FILED ... 19 ... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from August 16 . 1933 . to August 17 . 1933

I last saw h alive on August 17 1933 Death is said to have occurred on the date stated above, at 7 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Generalized	
a) Residual Hemiplegia	1 yr.
b) Acute Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Lesser M. D.

8/18/33 (Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

E 92938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 7-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Rooney

(a) Residence: No. 1928 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Md

FATHER
13. NAME John Rooney
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Anne Quigley
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 8/19/33

19. UNDERTAKER J. J. Tobey & Sons
(Address) 1318 Eight St

FILED AUG 18 1933 Huntington Williams N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1933 to Aug. 17, 1933.

I last saw h alive on Aug 17, 1933 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrosclerotic heart disease	?
Cerebral hemorrhage, right ? Hemiplegia, left	7 days
Congestive failure	24 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T P Magill, M. D.

(Address) Balt City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 92939

HEALTH DEPARTMENT—CITY OF BALTIMORE

92939

CERTIFICATE OF DEATH

V 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 75-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick [redacted] Thomson.

(a) Residence: No. 2123 Sidney Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence James Thompson

6. DATE OF BIRTH (month, day, year) July 31, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
74		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 8/4

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME [redacted] Watkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Daughter Bessie Thompson

(Address) 219 E. 25th St., [redacted]

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date Aug 19 1933

19. UNDERTAKER George J. Rutherford Funeral Home

(Address) 1735 Harlem Ave.

20. FILED Aug 19 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/33 19

22. I HEREBY CERTIFY, That I attended deceased from 8/7/33 19 to 8/17/33 19

I last saw him alive on 8/17/33 19 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	?
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T Phagel M. D.

(Address) Bard City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2940 2940 V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 710-0 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Eva Kief Woytowitz (Woytowitz)

(a) Residence: No. 3912 Hudson st. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Woytowitz

6. DATE OF BIRTH (month, day, year) Dec. 15, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	40	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Nicholas Kief

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherins Dannenman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cemetery Aug. 22nd 1933

19. UNDERTAKER Tilly & Jaile Inc.
(Address) 403 E. Fayette st.

20. FILED ... 19... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 33

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933, to August 16, 1933

I last saw her alive on August 16, 1933. Death is said to have occurred on the date stated above, at 11.05 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1929

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C. Shaw, M. D.

(Address) Baltimore City Hospitals

V. S. 3

INSTRUCTIONS.—Fill in all items in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 3-29-33—1 F. S.—500 Blks.

E 92941

E 92941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 N Bradford ST., 8-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Caroline Engel

(a) RESIDENCE NO. 1224 N. Bradford St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of William Engel

6 DATE OF BIRTH (month, day, and year) May 14, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72 years.	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Gottlieb Buchwald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna F Burns

(Address) 1224 Bradford St

15 Filed AUG 18 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to Aug 18, 1933, that I last saw her alive on Aug 17, 1933 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Victor Goldberg, M. D.

8/18, 1933 (Address) 1524 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Aug 21 1933
UNDERTAKER	ADDRESS
F. Vernon Keehner	Halsey

E 92942

E 92942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-001

22-81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 11 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Froneberger.(C)

(a) Residence: No. 822 S. Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) July 14, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Claude Froneberger.(C)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Geneva Froneberger.(C).

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Geneva Froneberger.(C)mother
(Address) 822 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL Gastonia N.C. Aug 18 33
(Date)

19. UNDERTAKER Bernard F. Hedrick
(Address) 818 Hanover St. Huntington Methodist

AUG 18 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, 5.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the pelvis.	
Intra craneal hemorrhage.	8/14/33

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 8/14/33 19....

Where did injury occur? 1004 E. Sharp St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Friend's home.

Manner of injury Ball from 3rd story window.

Nature of injury Fracture of pelvis. Shock.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Abell Reinhardt M. D.
Coroner

8/16/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 32943

E 32943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 53

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2338 Annapolis Rd ST., 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lida M. Spicer (Mrs. Joseph)

(a) RESIDENCE NO. 2338 Annapolis Rd ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Joseph H. Spicer

6 DATE OF BIRTH (month, day, and year) Apr 10, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer self.

9 BIRTHPLACE (city or town) (State or country) Georgetown Del

PARENTS

10 NAME OF FATHER Levin Dickerson

11 BIRTHPLACE OF FATHER (city or (State or country)

12 MAIDEN NAME OF MOTHER Maria Burbage

13 BIRTHPLACE OF MOTHER (city or ? (State or country)

14 Informant Mr. Jos. S. Spicer. Son

(Address) 1430 Decatur St

Filed AUG 18 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to Aug 16, 1933

that I last saw her alive on Aug 16, 1933

and that death occurred, on the date stated above, at 3.55 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Lympho-Sarcoma

Diabetes

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb 14, 1933

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thomas Wheeler M. D.

Aug 16 1933 (Address) 2410 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Georgetown, Del.

DATE OF BURIAL Aug 19 1933

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager St

E 92944

Rec. 3-5-30-1500 Blks.

E 92944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. Washington Street ST., 2-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Bayer

(a) RESIDENCE NO. 515 S. Washington Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married (Separated) 11 Years

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 17 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3 4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Bayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Michalina Pawlicki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Michalina Bayer Mother

(Address) 515 S. Washington Street

15 [illegible] Registrar

AUG 18 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1933, to Aug 12, 1933, that I last saw h[illegible] alive on Aug 12, 1933, and that death occurred, on the date stated above, at 1230 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George D Lapsley, M. D.

, 19 (Address) 431 S Patterson Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem.

DATE OF BURIAL August 19 1933

UNDERTAKER John M Weber ADDRESS 401 N Chester St

Huntington Williams, Nyt

THIS IS very important. See instructions on back of certificates.

E-92945

M. D. B. 1208-9

E 92945 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Harlem Ave. St. 20-01 (Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathaniel M. Alcock.

(a) Residence: No. 3608 Harlem Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Jan. 28. 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Uniontown
(State or country) Carroll Co. Md.

FATHER

13. NAME John D. Alcock.

14. BIRTHPLACE (city or town)
(State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine T. Meredith.

16. BIRTHPLACE (city or town) Uniontown
(State or country) Carroll Co. Md

17. INFORMANT Miss Annie Alcock,
(Address) 3608 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Uniontown Md. Date AUG 20 1933 19

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

20. FILED AUG 18 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Aug 17 1933

I last saw h... alive on Aug 17 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri Sclerosis	?
Myocarditis	?
	.

Other contributory causes of importance:

Acute Cardiac dilatation	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Harry Glassman M. D.

(Address) 2687 Mayfield Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 92946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 43-003

1. PLACE OF DEATH Maryland General Hospital St., 701 Ward

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John A. Newbert

(a) Residence: No. 519 N. Patterson Park Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia Newbert

6. DATE OF BIRTH (month, day, year): June 27, 1851

7. AGE: Years: 76; Months: 1; Days: 18; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oyster Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Andrew Newbert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Eva Barbara Seeburger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Md. General Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Aug 17, 1933

19. UNDERTAKER: Wm. C. Miller & Son

(Address) 2331 E. Baltimore St.

20. FILED 8-16-33 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26-33, 19..., to 8-15, 1933

I last saw him alive on 8-15, 1933. Death is said to have occurred on the date stated above, at 2.55 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 6 yrs.

Ventricular fibrillation.

Other contributory causes of importance:

Broncho-pneumonia — 8-11-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. E. Brack, M. D.

(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92947

CERTIFICATE OF DEATH

E 92947

9 mar 16

186-00

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses McMillan

(a) Residence: No. 1307 Shields Al St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colore	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Aug 18, 1933

19. UNDERTAKER Jas. H. Taylor Est.
(Address)

FILED AUG 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__

I last saw h alive on ____, 19__ Death is said to have occurred on the date stated above, at 7.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Other contributory causes of importance: Accidental Rupture of Urethra.	

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 8/1, 1933.

Where did injury occur? R. Road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on R R Track

Nature of injury Struck some Ties, Rupture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) D P Neuzer M D, M. D.
Coroner

(Address) 1305 N Fall Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Louis W. Hayden

HEALTH DEPARTMENT—CITY OF BALTIMORE

32948 32948

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Co.) Baltimore City Hospitals (St. and No. or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis W. Hayden

(a) Residence: No. Back Ryan Rd. RFD Hammonds Ferry, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D C.

FATHER

13. NAME Edward Hayden

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Penn

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Penna

(Address) Balto Co - Md

18. BURIAL, CREMATION, OR REMOVAL

Place Wash D C Date Aug. 19, 1933

19. UNDERTAKER Wm H. Chambers

(Address) Wash. D C.

20. FILED AUG 18 Huntington Williamsport Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1933 to August 17, 1933

I last saw him alive on August 17, 1933. Death is said to have occurred on the date stated above, at 3-20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, essential	?
Congestive failure	2 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Physician Balto City Hosp M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(C.S.) 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92949

CERTIFICATE OF DEATH

E 92949

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Bacon

(a) Residence: No. 211 N. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1806

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47 46 47	7	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Bacon

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah Brown

(Address) 211 Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 19 1933

19. UNDERTAKER Robert F Williams

(Address) 15-15 McCulloh St Huntington Station, Md

20. FILED AUG 19 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 12 Mm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Uremia Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D. Coroner

(Address) 1305 E Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92950 VE 92950

CERTIFICATE OF DEATH

Registered No. 25-01 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. (St.) 25 (Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Douglas

(a) Residence: No. 3116 Sun Ave. Fairfield, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~: Emma Douglas (Dead)

6. DATE OF BIRTH (month, day, year): June 1, ?

7. AGE: Years 57 | Months 2 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: David Douglas

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Susie Malone

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Aug 19, 1933

19. UNDERTAKER: Robt T. Williams
(Address) 1515 McElderry St

20. FILED AUG 19 1933 Huntington T. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to Aug 13, 1933

I last saw ~~him~~ alive on Aug 13, 1933. Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease ?	
Congestion failure	3 Mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. Howard ..... M. D.

(Address) Balt City Hosp

V. S. 3

HAVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92951

CERTIFICATE OF DEATH

E 92951

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Mc Elderry St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. Clayton

(a) Residence: No. 3109 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Clayton

6. DATE OF BIRTH (month, day, year) Aug. 8 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME John Clayton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Somers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry Clayton
(Address) 3109 McElderry

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 19, 1933

19. UNDERTAKER William G. Shaffer
(Address) 1816 Monument St

21. Filed Aug 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Aug 16, 1933

I last saw him alive on Aug 15, 1933. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Bronchial Asthma	1 yr
Other contributory causes of importance:	
Pneumonary Oedema	3 Days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edward Covle M. D.

(Address) 413 N Washington

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92952

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Myrtle Ave St. 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laurence Barnes

(a) Residence: No. 205 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22-1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School pupil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Laurence A. Barnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Augusta Palmer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. A. Barnes
(Address) 205 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Aug. 19, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E. Lanvale St

AUG 18 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16-1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 92953

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Beaver

(a) Residence: No. 2318 E. Eager St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 1, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Calvin Beaver

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rowena Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. College Date Aug 16 19 33

19. UNDERTAKER ... [illegible]
(Address)

20. FILED ... Huntington Williams, REGISTRAR.

G 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/1/33 . 19 . to 8/13/33 . 19

I last saw h[illegible] alive on 8/12/33 . 19 .... Death is said to have occurred on the date stated above, at 10 [illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	8/1/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Wendell Stark M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

157-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

92951 5-930 ✓ × E 92954

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward) 1824

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julius Lansolera

(a) Residence: No. 41 Jefferson Ave., Fords, N. J. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	—	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Julius Sansolera

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Clara Renzie

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Elizabeth Date 8/18/33

19. UNDERTAKER Joseph Ahrens
(Address) 224 Bayard St.

20. FILED 8 18 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1933 to Aug 15th, 1933
I last saw him alive on Aug 18th, 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hydrocephalus	Birth
Shock	16 hrs.
Congenital	

Other contributory causes of importance:

Name of operation Choroid plexectomy Date of 8/12/33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David L. Reese M. D.
(Address) Johns Hopkins Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82955 V/22 82955

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Seven Gables (Ward)

CITY OF BALTIMORE: (No.) Cathedral & Mt Vernon Place

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Rusly Ward.

(a) Residence: No. Cathedral & Mt Vernon Place (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of John Murray Rush

6. DATE OF BIRTH (month, day, year) June 30 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George E Bowdon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs G Mc Keon

(Address) Perkinson Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Pa. Date 8/19 1933

19. UNDERTAKER Henry H Jenkins & Co

(Address) Cathedral & Mt Vernon Place

... 19... Registrar.

AUG 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 32 1932 to Aug 17 1933

I last saw h[illegible] alive on Aug 14 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Old Silicosis

Partial Intestinal Obstruction

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C B Lamar M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION in very important. See instructions on back of certificate.

M. D. H. 1268-9

E 92956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92956

CERTIFICATE OF DEATH

95-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Armoah Ave St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Rachel Anders.

(a) Residence: No. 3023 Armoah Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed.

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles H. Anders.

6. DATE OF BIRTH (month, day, year) March 3-1853.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodsboro Md.

FATHER

13. NAME Isaac Hitesh[illegible]

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Latina Ramby

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Beatrice Anders.
(Address) 3023 Armoah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Ridge Cem. Date 8/21, 1933

19. UNDERTAKER Chas. R. Wade & Son
(Address) Washington Blvd. & Fulton Ave.

AUG 18 1933 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17-, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1- , 1930 to August 17- , 1933
I last saw her alive on August 7- , 1933 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Gastritis	7 hrs.
Other contributory causes of importance: Organic Heart Disease	unknown

Name of operation none Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92957 92957

CERTIFICATE OF DEATH

Registered No. V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (Dist.) Baltimore City Hosp St. 26-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Reed

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Patrick Reed

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anne Moore

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Aug 18, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 3220 E. Schroeder St.

Huntington Williams M.D.
Registrar.

AUG 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1933 to Aug 14, 1933

I last saw him alive on Aug 14, 1933 Death is said to have occurred on the date stated above, at 1:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. P. Magill M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92958

CERTIFICATE OF DEATH

E 92958

Registered No. 210-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 21-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Bray

(a) Residence: No. 209 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Madeline Ruth Bray

6. DATE OF BIRTH (month, day, year) Jan 10th 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Oil Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Bray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Madeline R. Bray
(Address) 209 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Aug 17th 1933

19. UNDERTAKER Wm Coots
(Address) 217 St Paul St

20. FILED AUG 18 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1933 to 1933

I last saw h alive on August 1933 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Fractured Pelvis
Internal Injuries

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/17 1933

Where did injury occur? Wilkens Ave Dukeland St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Run over by auto while standing on Filling Station Driveway

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2400 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92959 — 29605 — Surg. — E 92959 — 122-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 7 mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Abraham Hooten

(a) Residence: No. 827 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year) May 5 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Wesley Hooten

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Blythewood S.C. Date 8/19 1933

19. UNDERTAKER William Cook
(Address) 217 St. Paul Street

20. FILED AUG 21 1933 Hattie Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-6-, 1933 to 8-17-, 1933

I last saw him alive on 8-17, 1933 Death is said to have occurred on the date stated above, at 1250 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism following Appendectomy.	8/17/33

Other contributory causes of importance:

Name of operation Abdominal wound repair Date of 8/14/33

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

AACo. 5-31 250B

E 32960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32960

CERTIFICATE OF DEATH

124-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 227 N. Eden St., 5-01 (Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Brapper

(a) Residence: No. 227 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Brapper

6. DATE OF BIRTH (month, day, year) Mar 27th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ackermack Co Va

FATHER

13. NAME Moses Brapper

14. BIRTHPLACE (city or town) (State or country) Ackermack Co Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Maggie Brapper
(Address) 227 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Aug 19, 1933

19. UNDERTAKER Mrs Lottie G. Bailey
(Address) 1421 Jefferson St
Huntington Williams
Registrar.

AUG 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21st, 1932 to Aug. 16, 1933
I last saw h... alive on Aug. 16th, 1933 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	Years
Congestive type of heart failure	
Other contributory causes of importance:	
Alcoholism	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry A. Dorsey M. D.
(Address) 120 Eutaw St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92961

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Clements Sr.

(a) Residence: No. 818 N Carrollton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	M'D

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

FATHER

13. NAME William Clements

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Geo R Snowden

(Address) Rockville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Rockville Md Date Aug 19 1933

19. UNDERTAKER George R Snowden

(Address) Rockville Md

Filed 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1933 to 8-17 1933

I last saw him alive on 8-17 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Uremia — Chronic Nephritis

Date of onset

Other contributory causes of importance:

Senile Debility

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Light M. D.

(Address) Univ. Hosp.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 92962

E 92962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92962

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 3414 Mondawmin Ave. WARD) 15-07

2—FULL NAME Milton Pinkney Powell

(a) RESIDENCE NO. 3414 Mondawmin WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: wt

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Lucy Porter Powell

6 DATE OF BIRTH (month, day, and year): Sept. 5, 1875

7 AGE: Years 58 57 | Months 11 | Days 13 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chapel Hill Texas.

PARENTS

10 NAME OF FATHER: Austen J. Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Adair Kentucky

12 MAIDEN NAME OF MOTHER: Jennie Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chapel Hill Texas

14 Informant: Lucy Powell

(Address) 3419 Mondawmin

15 [illegible] Huntington Williams, M.D. Registrar

AUG 19 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8. 18. 33

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1930, to Aug. 18, 1933

that I last saw him alive on Aug 18 1933

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertension (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of [illegible]

Was there an autopsy? No Clinical

What test confirmed diagnosis? [illegible]

(Signed) Augustine P. Vanderhoof M.D.

(Address) 4818 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brookville md.

DATE OF BURIAL: 8 19 1933

UNDERTAKER: Warner E. Pumphrey

ADDRESS: Rockville Md

Important. See instructions on back of certificates.

M. D. B. 5248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92953 3 — E 92963 — 23 — Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 10-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eileen C. Driscoll

(a) Residence: No. 914 N Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/21/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	1	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Thomas O Driscoll
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Emma E. Reed
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Aug 21 1933

19. UNDERTAKER Henry Woelfl Sons, Inc.
(Address) Huntington, W. Va.

20. Filed ..... 1933 ..... Registrar

G 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933 to Aug 18, 1933.
I last saw her alive on Aug 18, 1933 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:
Tbc. Meningitis — Date of onset ?

Other contributory causes of importance:
Miliary Tuberculosis
Pulmonary Tuberculosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A. Washington M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 92964 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 92964

CERTIFICATE OF DEATH

X V 93-003

Registered No. 17201

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. 1 mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Adolph Hahn

(a) Residence: No. Monkton Md. St., ... Ward. Monkton, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth W. Hahn.

6. DATE OF BIRTH (month, day, year) Nov. 2rd 1858

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
✓ 74	75	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie E. Ritter.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George M. Hahn.

(Address) Monkton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park, Date 8/12, 1933

19. UNDERTAKER Robert Brooks & Son

(Address) Baltimore & Hollins St

AUG 19 1933 19..... (Registrar.)

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933 to August 10, 1933

I last saw him alive on August 10, 1933 Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoma of the prostate	1923
Chronic nephritis	?

Other contributory causes of importance:

Name of operation Suprapubic cystotomy Date of 7-26-33

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Ewer Moores M. D.

(Address) Franklin Square Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92965

CERTIFICATE OF DEATH

E 92965

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 N. Fulton Ave St. 45-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward G. Henry

(a) Residence: No. 1723 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (or) ~~WIFE~~ of Mollie A. Henry

6. DATE OF BIRTH (month, day, year) Jan 22. 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 014

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) York Penna.

FATHER

13. NAME Chas. G. Henry

14. BIRTHPLACE (city or town) (State or country) York Penna.

MOTHER

15. MAIDEN NAME Anna B. Stout

16. BIRTHPLACE (city or town) (State or country) York Penna.

17. INFORMANT Mrs. Chas. Copenhaver

(Address) 1723 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 21 1933

19. UNDERTAKER Harry W. Fuller

(Address) 1944 W. North Ave

AUG 18 1933

Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12 1933 to Aug. 18 1933

I last saw him alive on Aug 18 1933 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	1929
Other contributory causes of importance:	
Chr. Interstitial Nephritis	1929

Name of operation none Date of —

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Brown M. D.

(Address) 1663 W. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 12th DAY August

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #E 89791 April 24, 1933 AND

ENDING WITH #E 92965- August 19, 1933 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

BUREAU OF Municipal Securities AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: J. McFaul

END OF REEL